

**From:** [Aseltyne, Bill](#)  
**To:** [Foster, Tillman](#)  
**Cc:** [Aseltyne, Bill](#); [Lombardi, Marc](#); [Kraschel, Katherine](#); [Willcox, Jennifer](#)  
**Subject:** Annual Reporting for Medical Foundations: Northeast Medical Group, Inc. and L & M Physicians Association, Inc.  
**Date:** Wednesday, December 21, 2016 4:16:11 PM  
**Attachments:** [2016 12 21 Annual Reporting for NEMG and LMPA Final.pdf](#)

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Good Afternoon,

The attached is the required Annual Report for Medical Foundations on behalf of Northeast Medical Group, Inc. and L&M Physicians Association as requested by your office.

Thank you,

Bill Aseltyne  
Senior Vice President & General Counsel, Chief of Staff to the President & CEO Yale-New Haven Hospital/Yale New Haven Health System  
789 Howard Ave., CB 230  
New Haven, CT 06519  
(203) 688-5152  
[bill.aseltyne@ynhh.org](mailto:bill.aseltyne@ynhh.org)<<mailto:bill.aseltyne@ynhh.org>>

Assistant: Irene Noel (203) 688-3781

This message originates from the Yale New Haven Health System. The information contained in this message may be privileged and confidential. If you are the intended recipient you must maintain this message in a secure and confidential manner. If you are not the intended recipient, please notify the sender immediately and destroy this message. Thank you.

December 21, 2016

Tillman Foster, Health  
Care Analyst Department  
of Public Health Office of  
Health Care Access 410  
Capitol Avenue  
P.O. Box 340308, MS  
#13HCA Hartford, CT  
06134

Re: Northeast Medical Group, Inc. (NEMG)  
Annual Reporting for Medical Foundations Required Pursuant to CGS 33-182bb(d)

Dear Mr. Foster:

In response to your emailed notification of December 9, 2016, enclosed please find the Form 990 Sections and Schedules that were requested.

- Request 1 in your email asks for a "statement of your medical foundation's mission." NEMG's Form 990 Part I, Summary (page 1 of the attached), contains basic financial information and describes NEMG's mission and most significant activities as "[t]o render and promote a high quality of medical care services."
- Request 2 in your email asks for the name and address of the organizing members. (Page 2 of the attached).
- Request 3 in your email asks for the name and specialty employed by or acting as an agent of the medical foundation (pages 3 through 13 of the attached).
- Request 4 in your email asks for the location or locations where each such physician practices (pages 3 through 13 of the attached).
- Request 5 in your email asks for a description of the services provided by the medical foundation at each such location (page 14 of the attached).
- Request 6 in your email asks for a "description of any significant change in the services provided by your medical foundation during the previous fiscal year." As reported on Part III, line 3 (page 14 of the attached), NEMG did not make any significant changes in the services it provided in fiscal year 2015.

- Request 7 in your email asks for a copy of the medical foundation's governing documents and bylaws (pages 15 through 39 of the attached).
- Request 8 in your email asks for the name and employer of each member of the board of directors (page 40 of the attached); and
- Request 9 in your email asks for "[O]ther financial information as reported on your medical foundation's most recently filed Internal Revenue Service Form 990 -Return of Organization Exempt from Income Tax." Further financial information regarding NEMG can be found in Part VIII, Statement of Revenue (page 41 of the attached), Part IX, Statement of Functional Expense (page 42 of the attached), and Part X, Balance Sheet (page 43 of the attached).

As requested in previous years pursuant to the statutory authority cited above, we are also attaching the following sections of the NEMG's Form 990 for the fiscal year 2015 (the most recent fiscal year that is available):

- A "description of the services provided by your medical foundation during the preceding fiscal year." Part III, Statement of Program Service Accomplishments (page 14 of the attached), briefly describes NEMG's mission as "[t]o render medical treatment to patients without regard to ability to pay for such treatment, and to promote a high quality of medical care and other services for the benefit of all persons in the communities it serves." A further description of the services provided by NEMG and NEMG's program service accomplishments can be found on Schedule 0 to Part III line 4A (page 44 of the attached).
- Part IV Checklist of Required Schedules (Pages 45 & 46 of the attached).
- Part V Statements Regarding Other IRS Filings and Tax Compliance (Page 47 of the attached).
- Part VI Governance, Management, and Disclosure (Page 7 of the attached).
- Part VII Compensation of Officer, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors. (Pages 48 through 51 of the attached).
- Part XI Reconciliation of Net Assets (page 52 of the attached).
- Schedule A: Public Charity Status and Public Support (Pages 53 through 60 of the attached).
- Schedule D: Supplemental Financial Statements (Pages 61 through 65 of the attached).

OHCA

December 21, 2016

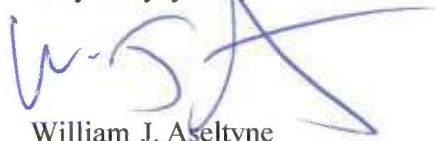
Page | 3

- Schedule J: Compensation Information (Pages 66 through 71 of the attached).
- Schedule L: Transactions with Interested Persons (Pages 72 & 73 of the attached).
- Schedule R: Related Organizations and Unrelated Partnerships (Pages 74 through 80 of the attached).

Also, enclosed herein is the annual report for Medical Foundations required pursuant to CGS 33-182bb(d) for L&M Physician Association, Inc. d/b/a L+M Medical Group (LMMG). This filing is being submitted along with the NEMG filing as LMMG is now a part of the Yale New Haven Health System since the affiliation on September 8, 2016.

Please let me know if you have any questions regarding the above or the enclosed.

Very truly yours,

A handwritten signature in blue ink, appearing to read "W. Aseltine", with a large, sweeping flourish extending to the right.

William J. Aseltine  
Senior Vice President and General Counsel

Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning OCT 1, 2014 and ending SEP 30, 2015

Form sections B through M: B Check if applicable, C Name of organization (NORTHEAST MEDICAL GROUP INC), D Employer identification number (06-1330992), E Telephone number (203-688-6088), F Name and address of principal officer (VINCENT TAMMARO), G Gross receipts (\$276,599,873), H(a) Is this a group return, H(b) Are all subordinates included, I Tax-exempt status, J Website, K Form of organization, L Year of formation, M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature fields for Officer (VINCENT TAMMARO), Preparer (MARY-EVELYN ANTONETTI), and Preparer's firm (KPMG LLP).

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

**NORTHEAST MEDICAL GROUP, INC.**

**MEMBER INFORMATION:**

Yale New Haven Health Services Corporation

789 Howard Avenue, CB 230

New Haven, CT 06519

Last Name	First Name	Suffix	Practice Address	City	Stat	Zip	Specialty
CUTNEY	ANDREW	MD	4775 MAIN STREET	BRIDGEPORT	CT	06606-1877	INTERNAL MEDICINE
KENLER	ANDREW	MD	5520 PARK AVE, STE. 207	TRUMBULL	CT	06611-3463	SURGERY
GUPTA	BHAWNA	MD	5520 PARK AVE, STE. 206	TRUMBULL	CT	06611-3463	FAMILY MEDICINE
WIECHMANN	LISA	MD	77 LAFAYETTE PLACE, STE. 302	GREENWICH	CT	06830-5426	GENERAL SURGERY
AYALA	JOHN PAUL	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	PULMONARY
O'CONNELL	RYAN	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
LANCASTER	GILEAD	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	CARDIOLOGY
MCPHERSON	CRAIG	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	CARDIOLOGY
ZARICH	STUART	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	CARDIOLOGY
BULLER	GREGORY	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
BULLER	GREGORY	MD	1305 POST ROAD, STE. 215	Fairfield	CT	06824	
LOESER	CAROLINE	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	GASTROENTEROLOGY
ALDAAS	FADI	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
APIADO	FREDERICK	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
BALASINGHAM	SHIVASHANKER	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
BORDEA	DORU DANIEL	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
CHEUK	WILLIAM	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
CONSTANTINESCU	SIMONA	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
DIJEH	SYLVESTER	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
GAZI	SADIA	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
GIURAN BENETATO	IULIAN	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
GOURINENI	VENKATA	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
GREWAL	KEVIN	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
GREWAL	YEKATERINA	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
LAKSHMINARAYANA	PRADEEP	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
MISRA	MONIQUE	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
NEDELUTA	STELUTA	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
PANA	EDMUND	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
PARAMANATHAN	WIGNESWARAN	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
PARTHEEPAN	KUMUTHINI	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
PERALI	TULASI	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
POMIANOWSKI	PAWEL	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
SCUDERI	JOSEPH	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
SEYE	ASTOU	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
SHARMA	PRABIN	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
SIKORSKI	KRISTAN	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
XEXEMEKU	FAFA	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
HOQ	SHEIKH	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
HUTCHINSON	KAREN	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
ADJEPONG	YAW AMOATENG	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
DEGIROLAMO	ANGELA	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
GEETI	ADIBA	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
GUPTA	MANISHA	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
LOBO	DAVID	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
PANZER	KEVIN	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
SMITH	MICHAEL	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
BUTLER	CHRISTINE	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	NEONATOLOGY
MENZIES	CHERYL	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	NEONATOLOGY
ABDER	ROXANNE	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	OB/GYN
BOERAS	CRINA	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	OB/GYN
CASSELL	STEVEN	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	OB/GYN
CHOUDHARY	RONIKA	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	OB/GYN
CLARK	LINDSAY	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	OB/GYN
GOLDSTONE-ORLY	LESLIE	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	OB/GYN
KASHANI	SHABNAM	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	OB/GYN
LAMA STRA	PHILLIP	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	OB/GYN
LASER	MARK	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	OB/GYN
NWOSU	MATTHEW	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	OB/GYN
PRESNICK	CAROLE	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	OB/GYN
SAUER	HAROLD	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	OB/GYN
TORBAY	MARINA	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	OB/GYN
TORNATORE	JEAN	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	OB/GYN
VANDELL	PETER	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	OB/GYN
WINTERMUTE	RICHARD	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	OB/GYN
MENDERES	GULDEN	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	OB/GYN
DRIGGERS	ALLYSON	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	PEDIATRICS
JACOBS	HARRIS	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	PEDIATRICS
WEBER-CHESS	BARBARA	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	PEDIATRICS
ZOLKOWSKI-WYNN	JOANNA	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	PEDIATRICS
GAETA	MARY LOU	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	PEDIATRICS
NATT	BETH	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	PEDIATRICS
DUNSTON-BOONE	GINA	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	PERINATOLOGY

KLEINMAN	GARY	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	PERINATOLOGY
LAIFER	STEVEN	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	PERINATOLOGY
STILLER	ROBERT	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	PERINATOLOGY
DOLAN	NEIL	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	PSYCHIATRY
LOPEZ	JAVIER	MD	112 Quarry Road, Suite 160	SOUTHPORT	CT	06890-1258	PSYCHIATRY
MORGAN	CHARLES	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	PSYCHIATRY
REYES	JOY	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	PSYCHIATRY
ANSON	ANDREW	MD	111 BEACH ROAD	FAIRFIELD	CT	06824-6668	PSYCHIATRY
SALAM	ADIL	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	PULMONARY
KAUFMAN	DAVID	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	PULMONARY DISEASE
KWON	JEFF	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	PULMONARY DISEASE
WOLFF	ARMAND	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	PULMONARY DISEASE
ATWEH	NABIL	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	SURGERY
GLASGOW	KRISTEN	MD	2900 Main Street	Stratford	CT	06614	SURGERY
GREGG	SHEA	MD	2900 Main Street	Stratford	CT	06614	SURGERY
SAVETAMAL	ALISA	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	SURGERY
CAVICKE	DANA	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	SURGERY
LU	ESTHER	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
CASALE	LINDA	MD	999 Silver Lane	Trumbull	CT	06611 -5343	CARDIOLOGY
CASALE	LINDA	MD	1305 Post Road	Fairfield	CT	06824-6016	
CHIRAVURI	MURALI	MD	999 Silver Lane	Trumbull	CT	06611 -5343	CARDIOLOGY
CHIRAVURI	MURALI	MD	1305 Post Road	Fairfield	CT	06824-6016	
DRIESMAN	MITCHELL	MD	1305 POST ROAD	FAIRFIELD	CT	06824-6016	CARDIOLOGY
FISHER	LAWRENCE	MD	30 Prospect Street	Ridgefield	CT	06477	CARDIOLOGY
FISHER	LAWRENCE	MD	25 GERMANTOWN ROAD	Danbury		06810-5836	
FISHMAN	ROBERT	MD	1305 POST ROAD	FAIRFIELD	CT	06824-6016	CARDIOLOGY
GORDON	RAM	MD	999 Silver Lane	MILFORD	CT	06460-3511	CARDIOLOGY
GORDON	RAM	MD	20 COMMERCE PARK	Trumbull	CT	06611	
KRICHAVSKY	MARC	MD	25 GERMANTOWN ROAD	DANBURY	CT	06810-5836	CARDIOLOGY
KUNKES	STEVEN	MD	999 Silver Lane	Trumbull	CT	06611 -5343	CARDIOLOGY
KUNKES	STEVEN	MD	1305 POST ROAD	FAIRFIELD	CT		
MEIZLISH	JAY	MD	999 SILVER LANE	Trumbull	CT	06611 -5343	CARDIOLOGY
MEIZLISH	JAY	MD	1305 POST ROAD	FAIRFIELD	CT		
MOSKOWITZ	ROBERT	MD	1305 POST ROAD	FAIRFIELD	CT	06824-6016	CARDIOLOGY
MOSKOWITZ	ROBERT	MD	999 SILVER LANE	Trumbull	CT	06611 -5343	CARDIOLOGY
POLLACK	BRIAN	MD	25 GERMANTOWN ROAD	DANBURY	CT	06810-5836	CARDIOLOGY
RAYMOND	RONALD	MD	30 PROSPECT ST. STE.200	RIDGEFIELD	CT	06877-4562	CARDIOLOGY
SCHUSSHEIM	ADAM	MD	20 Commerce Park	Milford	CT	06611 -5343	CARDIOLOGY
SCHUSSHEIM	ADAM	MD	1305 POST ROAD	FAIRFIELD	CT	06824-6016	
SCHUSSHEIM	ADAM	MD	999 SILVER LANE	Trumbull	CT	06611 -5343	
TAIKOWSKI	RICHARD	MD	999 SILVER LANE	Trumbull	CT	06611 -5343	CARDIOLOGY
TAIKOWSKI	RICHARD	MD	1305 POST ROAD	FAIRFIELD	CT	06824-6016	
TUOHY	EDWARD	MD	20 Commerce Park	Milford	CT	06611 -5343	CARDIOLOGY
TUOHY	EDWARD	MD	1305 POST ROAD	FAIRFIELD	CT	06824-6016	
TUOHY	EDWARD	MD	999 SILVER LANE	Trumbull	CT	06611 -5343	
WINSLOW	ROBERT	MD	25 GERMANTOWN ROAD	DANBURY	CT	06810-5836	CARDIOLOGY
WOODWORTH	STEPHEN	MD	300 SEYMOUR AVE STE.202	Derby	CT	06418-1343	CARDIOLOGY
WOODWORTH	STEPHEN	MD	2 Ivy Brook Rd, Ste. 205	SHELTON	CT	06848-6416	
ATTARAN	RAMAK	MD	15 VALLEY DRIVE STE. 200	GREENWICH	CT	06831-5205	CARDIOVASCULAR DISEASE
BRENNAN	JOSEPH	MD	15 VALLEY DRIVE STE. 200	GREENWICH	CT	06831-5205	CARDIOVASCULAR DISEASE
CABIN	HENRY	MD	15 VALLEY DRIVE STE. 200	GREENWICH	CT	06831-5205	CARDIOVASCULAR DISEASE
CLEMAN	MICHAEL	MD	15 VALLEY DRIVE STE. 200	GREENWICH	CT	06831-5205	CARDIOVASCULAR DISEASE
CURTIS	JEPHTA	MD	15 VALLEY DRIVE STE. 200	GREENWICH	CT	06831-5205	CARDIOVASCULAR DISEASE
DEL VECCHIO	ALEXANDER	MD	15 VALLEY DRIVE STE. 200	GREENWICH	CT	06831-5205	CARDIOVASCULAR DISEASE
HENRY	GLEN	MD	15 VALLEY DRIVE STE. 200	GREENWICH	CT	06831-5205	CARDIOVASCULAR DISEASE
HOWES	CHRISTOPHER	MD	15 VALLEY DRIVE STE. 200	GREENWICH	CT	06831-5205	CARDIOVASCULAR DISEASE
JAYASURIYA	SASANKA	MD	15 VALLEY DRIVE, STE. 200	GREENWICH	CT	06830-6074	INTERNAL MEDICINE
MENA-HURTADO	CARLOS	MD	15 VALLEY DRIVE STE. 200	GREENWICH	CT	06831-5205	CARDIOVASCULAR DISEASE
REMETZ	MICHAEL	MD	15 VALLEY DRIVE STE. 200	GREENWICH	CT	06831-5205	CARDIOVASCULAR DISEASE
SCANDRETT	REBECCA	MD	15 VALLEY DRIVE STE. 200	GREENWICH	CT	06831-5205	CARDIOVASCULAR DISEASE
SEIDENSTEIN	HARVEY	MD	15 VALLEY DRIVE, STE. 200	GREENWICH	CT	06830-6074	CARDIOVASCULAR DISEASE
ARGENTO	VIVIAN	MD	95 ARMORY ROAD	STRATFORD	CT	06614-1753	GERIATRICS
BLAGODATNY	MARINA	MD	95 ARMORY ROAD	STRATFORD	CT	06614-1753	GERIATRICS
CHOKSEY	MITHIL	MD	95 ARMORY ROAD	STRATFORD	CT	06614-1753	GERIATRICS



HELLER	WARREN	MD	95 ARMORY ROAD	STRATFORD	CT	06614-1753	GERIATRICS
NAIK	HARSHA	MD	95 ARMORY ROAD	STRATFORD	CT	06614-1753	GERIATRICS
KOCHAN	CHARLES	MD	267 Grant Street	Bridgeport	CT	06610	INTERNAL MEDICINE
ADELSBERG	BERNARD	MD	2416 WHITNEY AVENUE 3RD FLR.	HAMDEN	CT	06518-3248	INTERNAL MEDICINE / ALLERGY
ASIEDU	PATRICK	MD	1308 CHAPEL STREET	NEW HAVEN	CT	06511-4515	INTERNAL MEDICINE
BRENNER	STEPHEN	MD	129 YORK STREET	NEW HAVEN	CT	06511-5603	INTERNAL MEDICINE
CHAN	BELINDA	MD	420 EAST MAIN ST. BLDG 2, STE 3	BRANFORD	CT	06405-2940	INTERNAL MEDICINE
CRETELLA	LORI	MD	325 Boston Post Rd, 2nd FL	Orange	CT	06473-2195	NEUROLOGY
CRETELLA	LORI	MD	6 DEVINE STREET	NORTH HAVEN	CT	06473-2195	
DUFOUR	KAREN	MD	325 BOSTON POST ROAD, 2ND FLR	ORANGE	CT	06477-3504	INTERNAL MEDICINE / GASTROENTEROLOGY
HELBURN	DANIEL	MD	46 PRINCE STREET STE. 407	NEW HAVEN	CT	06519-1600	GASTROENTEROLOGY
HENRY	ROBERT	MD	3588 WHITNEY AVE	HAMDEN	CT	06518-1920	INTERNAL MEDICINE
MANGI	RICHARD	MD	9 WASHINGTON AVE	HAMDEN	CT	06518-3267	ALLERGY
MANGI	RICHARD	MD	1591 BOSTON POST ROAD	Guilford	CT	06473	
MCLEAN	ROBERT	MD	46 PRINCE STREET STE. 302	NEW HAVEN	CT	06519-1600	INTERNAL MEDICINE / RHEUMATOLOGY
MCVEETY	JAMES	MD	6 DEVINE STREET	NORTH HAVEN	CT	06473-2195	NEUROLOGY
MENON	SUNIL	MD	1308 CHAPEL STREET	NEW HAVEN	CT	06511-4515	INTERNAL MEDICINE
MUNTEANU	MONICA	MD	9 WASHINGTON AVE	HAMDEN	CT	06518-3267	INTERNAL MEDICINE
PEREZ	ROGER	MD	755 Campbell Ave	West Haven	CT	06516	GASTROENTEROLOGY
PEREZ	ROGER	MD	46 PRINCE STREET STE. 407	NEW HAVEN	CT	06519-1600	
PEREZ	ROGER	MD	1591 Boston Post Road	Guilford	CT	06437	
PEREZ	ROGER	MD	2416 Whitney Ave, 1st FL	HAMDEN	CT	06518	
PEREZ	ROGER	MD	500 Elm Steet	WEST HAVEN	CT	06516	
POSSICK	STEPHEN	MD	9 WASHINGTON AVE	HAMDEN	CT	06518-3267	INTERNAL MEDICINE
RATH	KRISTINA	MD	1591 BOSTON POST ROAD	GUILFORD	CT	06437-4335	OB/GYN
RATH	KRISTINA	MD	2416 WHITNEY AVE	Hamden	CT	06518	
RETHY	CHARLES	MD	2416 WHITNEY AVENUE	HAMDEN	CT	06518-3248	INTERNAL MEDICINE
RHEE	MARIA	MD	677 SOUTH MAIN STREET	CHESHIRE	CT	06410-3158	
RHEE	MARIA	MD	9 WASHINGTON AVE	HAMDEN	CT	06518-3267	OB/GYN
RICCIO	DAVID	MD	26 MAIN STREET	EAST HAVEN	CT	06512-2919	INTERNAL MEDICINE
SCHREIBER	WILLIAM	MD	1 BRADLEY RD. STE.709	WOODBIDGE	CT	06525-2296	INTERNAL MEDICINE
STAIR	DAVID	MD	677 SOUTH MAIN STREET	CHESHIRE	CT	06410-3158	INTERNAL MEDICINE
TWOHIG	KEVIN	MD	2416 WHITNEY AVENUE	HAMDEN	CT	06518-3248	PULMONARY/SLEEP MEDICINE
VAHEY	MARIANNE	MD	325 BOSTON POST ROAD, 2ND FLR	ORANGE	CT	06477-3504	INTERNAL MEDICINE
VORNOVITSKY	GREGORY	MD	46 PRINCE STREET STE. 302	NEW HAVEN	CT	06519-1600	INTERNAL MEDICINE
WARREN	WAYNE	MD	1308 CHAPEL STREET	NEW HAVEN	CT	06511-4515	INTERNAL MEDICINE
WORMSER	ANDREW	MD	46 PRINCE STREET STE. 302	NEW HAVEN	CT	06519-1600	INTERNAL MEDICINE
KUMARADHAS	CATHERINE	MD	52 BEACH ROAD, STE. 107	FAIRFIELD	CT	06824-6017	INTERNAL MEDICINE
LLEVA	RANEE	MD	2015 WEST MAIN STREET, 1ST FLOOR	STAMFORD	CT	06902-4536	ENDOCRINOLOGY
YU	YI HAO	MD	2015 WEST MAIN STREET, 1ST FLOOR	STAMFORD	CT	06902-4536	ENDOCRINOLOGY
WATSON	COLLIN	MD	887 Bridgeport Ave	Shelton	CT	06610	INTERNAL MEDICINE
WATSON	COLLIN	MD	150 SARGENT DRIVE, SUITE 1	New Haven	CT	06510	
SMITH-GERRITZ	SARAH	MD	57-61 Main Street	Centerbrook	CT	06409 -1003	FAMILY PRACTICE
SMITH-GERRITZ	SARAH	MD	652 BOSTON POST ROAD	GUILFORD	CT	06437-2719	
WEISS	ALAN	MD	57-61 Main Street	Centerbrook	CT	06409 -1003	FAMILY PRACTICE
WEISS	ALAN	MD	652 BOSTON POST ROAD	GUILFORD	CT	06437-2719	
WEISS-RIVERA	JUDITH	MD	57-61 Main Street	Centerbrook	CT	06409 -1003	FAMILY PRACTICE
WEISS-RIVERA	JUDITH	MD	652 Boston Post Road	Guilford	CT	06437-2719	
BAILEY	GRANT	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
BALAKRISHNAN	MAYA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
BALASTA	MARGUERITE	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
BALDASSARRI	STEPHEN	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
BANI	AZARI	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
BESSE	WHITNEY	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
BRAMLEY	KYLE	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
BUJAK	MARCIN	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
CLARK	BRIAN	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
COZMUTA	RALUCA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
CUA	BENNETT	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
DAVID	RACHEL	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
DEBIASI	ERIN	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
DEBIASI	RALPH	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
ELFENBEIN	ARYE	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
GAJANAYAKA	RANIL	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE

GOLDSWEIG	ANDREW	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
GORLITSKY	BARRY	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
HERMANY	PAUL	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
HO	HENRY	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
HO	JIUNLING	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
KANIN	ELENITA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
KIM	TAE KON	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
KOVACHEV	GEORGI	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
KUMAR	VARUN	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
LEE	THERESA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
MCGINNISS	JOHN	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
MCLAUGHLIN	JOSEPH	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
NA	CHANG	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
NAGPAL	SAMEER	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
NANDIGAM	KAVITHA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
PANICO	MEGAN	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
PARK	SUNHEE	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
POPOV	VIOLETA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
PORTERFIELD	JAMES	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
PRESLEY	CAROLYN	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
REGAN	CHRISTOPHER	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
REHWINKEL	ALIA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
RIVERA-SANTIAGO	VICTOR	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
ROUSE	CHARLES	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
RYU	CHANGWAN	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
SACHAR	HAMITA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
SARKAR	SOUVIK	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
SEIDELMANN	SARA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
SHAH	CHIRAG	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
SIDDHARTHAN	TRISHUL	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
SOKHN	JOSEPH	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
SPATZ TURNER	ERICA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
STILP	ERIK	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
STRATTON	JAMIE	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
TOBIAS	LAUREN	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
UBOHA	NATALIYA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
VAIDYA	KETA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
WANG	ANDREW	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
XIA	BING	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
ZAPATA	HEIDI	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
CHOKSHI	MOULIN	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
CHATTERJEE	SHARMILA	MD	6 DEVINE STREET	NORTH HAVEN	CT	06473-2195	INTERNAL MEDICINE
SCALA	JODANNA	MD	6 DEVINE STREET	NORTH HAVEN	CT	06473-2195	INTERNAL MEDICINE
SOLAD	YAUHENI	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	INTERNAL MEDICINE
ANCONA	JOHN	MD	663 Middlesex TPKE, Ste. 110	Old Saybrook	CT	06475	PEDIATRICS
ANCONA	JOHN	MD	1527 ROUTE 12	Gales Ferry	CT	06335-1800	
ESPOSITO	CHARLES	MD	663 Middlesex TPKE, Ste. 110	Old Saybrook	CT	06475	PEDIATRICS
ESPOSITO	CHARLES	MD	1527 ROUTE 12	Gales Ferry	CT	06335-1800	
				GALES FERRY	CT	06335-1800	
HOLTZMAN	PHYLLIS	MD	663 Middlesex TPKE, Ste. 110	Old Saybrook	CT	06475	PEDIATRICS
HOLTZMAN	PHYLLIS	MD	1527 ROUTE 12	Gales Ferry	CT	06335-1800	
LIN	FOONG-YI	MD	663 Middlesex TPKE, Ste. 110	Old Saybrook	CT	06475	PEDIATRICS
LIN	FOONG-YI	MD	1527 ROUTE 12	Gales Ferry	CT	06335-1800	
LOVIN	JENNIFER	MD	663 Middlesex TPKE, Ste. 110	Old Saybrook	CT	06475	PEDIATRICS
LOVIN	JENNIFER	MD	1527 ROUTE 12	Gales Ferry	CT	06335-1800	
ROSENTHAL	MARK	MD	663 Middlesex TPKE, Ste. 110	Old Saybrook	CT	06475	PEDIATRICS
ROSENTHAL	MARK	MD	1527 ROUTE 12	Gales Ferry	CT	06335-1800	
WATSON	MICHELLE	MD	663 Middlesex TPKE, Ste. 110	Old Saybrook	CT	06475	PEDIATRICS
WATSON	MICHELLE	MD	1527 ROUTE 12	Gales Ferry	CT	06335-1800	
ANDRES	PIETRO	MD	2600 Post Rad	Southport	CT	06890-1258	GASTROENTEROLOGY
ANDRES	PIETRO	MD	2890 MAIN STREET	STRATFORD	CT	06614-4980	
BEDFORD	ANDREW	MD	2600 Post Road	STRATFORD	CT	06614-4980	GASTROENTEROLOGY
BEDFORD	ANDREW	MD	2890 MAIN STREET	STRATFORD	CT	06614-4980	
SOLOWAY	GREGORY	MD	2600 Post Road	Southport	CT	06890-1258	GASTROENTEROLOGY
SOLOWAY	GREGORY	MD	2890 MAIN STREET	STRATFORD	CT	06614-4980	
TAUBIN	HOWARD	MD	2600 Post Road	Southport	CT	06890-1258	GASTROENTEROLOGY
TAUBIN	HOWARD	MD	2890 MAIN STREET	STRATFORD	CT	06614-4980	
GARVEY	RICHARD	MD	310 MILL HILL AVENUE	BRIDGEPORT	CT	06610-2863	SURGERY
HONIGSBERG	ELIZABETH	MD	310 MILL HILL AVENUE	BRIDGEPORT	CT	06610-2863	SURGERY
SHAH	SUBHASH	MD	310 MILL HILL AVENUE	BRIDGEPORT	CT	06610-2863	SURGERY
BARANIN	RENEE	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	EMERGENCY MEDICINE
BRITVAN	J ALLEN	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	EMERGENCY MEDICINE
CANTER	MICHAEL	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	EMERGENCY MEDICINE
CHANG	ANDREW	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	EMERGENCY MEDICINE
CHANG	ROBERT	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	EMERGENCY MEDICINE

DAVISON	CHRISTOPHER	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	EMERGENCY MEDICINE
DE LOS ANGELES	SERVANDO	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	EMERGENCY MEDICINE
DONEGAN	STACEY	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	EMERGENCY MEDICINE
DORAN	BRIAN	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	EMERGENCY MEDICINE
GANDHI	AMY	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	EMERGENCY MEDICINE
GARRIDO	FRANCISCO	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	EMERGENCY MEDICINE
HARKIN	KRISTIN	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	EMERGENCY MEDICINE
MAGNAN	JOHN	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	EMERGENCY MEDICINE
MARIANI	TANIA	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	EMERGENCY MEDICINE
MCGUIRE WRESCHNER	BONNIE	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	EMERGENCY MEDICINE
MEIS	ALEXANDRA	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	EMERGENCY MEDICINE
MENDELSONH-ELZAM	CERRAH	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	EMERGENCY MEDICINE
NAPARST	THOMAS	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	EMERGENCY MEDICINE
PARTRIDGE	LANGLEY	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	EMERGENCY MEDICINE
POLISSETY	LAKSHMI	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
WEINTRAUB	JEFFREY	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	EMERGENCY MEDICINE
ZISLIS	JAN	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	EMERGENCY MEDICINE
ARCHER	HERBERT	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	INTERNAL MEDICINE
BHOJWANI	SHAAN	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	INTERNAL MEDICINE
CLEARE	WENDY	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	INTERNAL MEDICINE
DU	TAO	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	INTERNAL MEDICINE
EARLE	BRIDGET	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	INTERNAL MEDICINE
FEUERSTEIN	JOSEPH	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	INTERNAL MEDICINE
JANG	JOON	MD	35 River Road	Cos Cob	CT	06807	INTERNAL MEDICINE
LITHGOW	SANDRA	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	INTERNAL MEDICINE
LODATO	CAROLINE	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	INTERNAL MEDICINE
LUBIN	MATTHEW	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	INTERNAL MEDICINE
NASIR	IREM	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	INTERNAL MEDICINE
PAREJA-NEYRA	DEBORA	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	INTERNAL MEDICINE
SANTOS	ROLANDO	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	INTERNAL MEDICINE
SONG	CHRISTOPHER	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	INTERNAL MEDICINE
TYSON	JEREMIAH	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	INTERNAL MEDICINE
BOYD	DONALD	MD	77 LAFAYETTE PLACE, STE. 301	GREENWICH	CT	06830-5205	ONCOLOGY
ADAMS	DIANA	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	PERINATOLOGY
STELLA	CAROLINE	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	PERINATOLOGY
BERNSTEIN	LANA	MD	49 LAKE AVE, STE. 203	GREENWICH	CT	06830-4519	RHEUMATOLOGY
DANEHOWER	RICHARD	MD	49 LAKE AVE, STE. 203	GREENWICH	CT	06830-4519	RHEUMATOLOGY
DRUCKER	BEVERLY	MD	77 LAFAYETTE PLACE	GREENWICH	CT	06830-5426	HEMATOLOGY/ONCOLOGY
HOLLISTER	DICKERMAN	MD	5 Perryridge Rd	GREENWICH	CT	06830-4608	HEMATOLOGY/ONCOLOGY
HOLLISTER	DICKERMAN	MD	77 LAFAYETTE PLACE	GREENWICH	CT	06830-5426	
LEE	MERLIN S.	MD	77 LAFAYETTE PLACE	GREENWICH	CT	06830-5426	HEMATOLOGY/ONCOLOGY
REDDY	PRABHAKAR	MD	887 BRIDGEPORT AVE	SHELTON	CT	06484-7602	INTERNAL MEDICINE
SABOVIC	ZIJAD	MD	887 BRIDGEPORT AVE	SHELTON	CT	06484-7602	INTERNAL MEDICINE
SARFEH	JAMES	MD	422 HIGHLAND AVE, BLDG. C	CHESHIRE	CT	06410-2526	INTERNAL MEDICINE
CUTERI	JOSEPH	MD	4 CORPORATE DRIVE STE.286	SHELTON	CT	06484-6241	OB/GYN
EVANGELISTA	JOSEPH	MD	15 CORPORATE DRIVE, STE.2-2	TRUMBULL	CT	06611-1351	INTERNAL MEDICINE
ZOU	LEI	MD	305 Boston Ave	Stratford	CT	06615-5246	PSYCHIATRY
ZOU	LEI	MD	267 Grant Street	Bridgeport	CT	06610-2805	
QADIR	MUHAMMAD	MD	22 WESTFIELD AVE UNIT 1	ANSONIA	CT	06401-1158	INTERNAL MEDICINE
PRONOVOST	MARY	MD	111 BEACH ROAD	FAIRFIELD	CT	06824-6668	SURGERY
JU	JENNIFER	MD	4699 MAIN STREET, STE. 201	BRIDGEPORT	CT	06606-1830	FAMILY MEDICINE
LUKAWSKI	JOLANTA	MD	52 BEACH ROAD, STE. 102	FAIRFIELD	CT	06824-6017	INTERNAL MEDICINE
TOMITA	KIYOKO	MD	15 VALLEY DRIVE STE. 202	GREENWICH	CT	06830-5205	INTERNAL MEDICINE
VORA	CHAULA	MD	15 VALLEY DRIVE STE. 202	GREENWICH	CT	06831-5205	INTERNAL MEDICINE
DADASOVICH	RYAN	MD	2015 WEST MAIN STREET STE. 150	STAMFORD	CT	06902-4536	INTERNAL MEDICINE
DADASOVICH	RYAN	MD	5 PERRYRIDGE ROAD	GREENWICH	CT	06830-4608	
LORIA	FRANKLIN	MD	2015 WEST MAIN STREET STE. 150	STAMFORD	CT	06902-4536	INTERNAL MEDICINE
GAGNE-HENDERSON	REBECCA	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	INTERNAL MEDICINE
JOY	SONIA	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	PSYCHIATRY
BEKUI	AMENUVE	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	INTERNAL MEDICINE
DHOND	ABHAY	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	INTERNAL MEDICINE
DONROE	JOSEPH	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	INTERNAL MEDICINE
MORITZ	ERNEST	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	INTERNAL MEDICINE
WU	BARRY	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	INTERNAL MEDICINE
CHIN	HSIAO-YING	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	GERIATRICS
FABREGAS	GERALDINE	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	GERIATRICS
KERINS	GERARD	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	GERIATRICS
ANDERSON-PETERKIN	NYCAINE	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	PHYSICAL MEDICINE & REHAB

RUFIN	CLAIRE	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	PHYSIATRY
ABEDIN	SAKENA	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	PEDIATRICS
ANDERSON	CHERYL	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	PEDIATRICS
CAMERON	ANNETTE	MD	2080 WHITNEY AVENUE	HAMDEN	CT	06517-3600	PEDIATRICS
FLAHERTY-HEWITT	MARYELLEN	MD	2080 WHITNEY AVENUE	HAMDEN	CT	06517-3600	PEDIATRICS
GRAY	LINDA	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	PEDIATRICS
PITTARD	ALICIA	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	PEDIATRICS
RODRIGUEZ	ALEXIS	MD	2080 WHITNEY AVENUE	HAMDEN	CT	06517-3600	PEDIATRICS
SAMUEL	JOHN	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	PEDIATRICS
SUDE	LESLIE	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	PEDIATRICS
YOUNG	RICHARD	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	PEDIATRICS
HETHERINGTON	PAMELA	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	PSYCHIATRY
THOMAS	PRAKASH	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	PSYCHIATRY
WILSON	CYNTHIA	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	PSYCHIATRY
FICKES	JOSEPH	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	PSYCHIATRY
SHENOUDA	RAYMONE	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4515	PSYCHIATRY
CLEVES-BAYON	JUAN CARLOS	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	PSYCHIATRY
JEAN-BAPTISTE	MICHEL	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	PSYCHIATRY
OLSON	NANCY	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	PSYCHIATRY
PLOTKE	GARY	MD	1294 CHAPEL STREET	NEW HAVEN	CT	06511-4515	PSYCHIATRY
WILF-EPSTEIN	GUITA	MD	646 GEORGE STREET	NEW HAVEN	CT	06511-5322	PSYCHIATRY
RAMIREZ	RAHEL	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	PSYCHIATRY
SQUARE	AMANDA	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	PSYCHIATRY
BERNA	GIOIAMARIA	MD	175 SHERMAN AVE	NEW HAVEN	CT	06511-4357	PULMONARY
REMAKUS	CHRISTOPHER	MD	175 SHERMAN AVE	NEW HAVEN	CT	06511-4357	PULMONARY
GINSBERG	EVAN	MD	6 DEVINE STREET	NORTH HAVEN	CT	06473-2195	INTERNAL MEDICINE
YAVARI	REZA	MD	5520 PARK AVE, STE. 306	TRUMBULL	CT	06611-3463	ENDOCRINOLOGY
BERKWITS	KIEVE	MD	5520 PARK AVE, STE. 102	TRUMBULL	CT	06611-3463	PEDIATRIC CARDIOLOGY
HEN JR	JACOB	MD	5520 PARK AVE, STE. 102	TRUMBULL	CT	06611-3463	PEDIATRIC PULMONOLOGY
MONTEIRO	NIRMALA	MD	52 BEACH ROAD, STE. 107	FAIRFIELD	CT	06824-6017	INTERNAL MEDICINE
ANKRAH	YVONNE	MD	145 HUGUENOT ST. STE 215	NEW ROCHELLE	NY	10801-5200	OB/GYN
ANKRAH	YVONNE	MD	2015 WEST MAIN ST, STE. 150	STAMFORD	CT	06902-4536	
ANKRAH	YVONNE	MD	3010 Westchester Ave	Purchase	NY	10577	
MALONEY	ROMELLE	MD	145 HUGUENOT ST. STE 215	NEW ROCHELLE	NY	10801-5200	OB/GYN
MALONEY	ROMELLE	MD	2015 WEST MAIN ST, STE. 150	STAMFORD	CT	06902-4536	
MALONEY	ROMELLE	MD	3010 Westchester Ave	Purchase	NY	10577	
EDWARDS	KRISTIN	MD	95 ARMORY ROAD	STRATFORD	CT	06614-1753	PALLIATIVE CARE
JACKSON	PAMELA	MD	9 MOTT AVE, STE.304	NORWALK	CT	06850-3359	INTERNAL MEDICINE
KURTZ GOODMAN	CAREN	MD	26 RYE RIDGE PLAZA	RYE BROOK	NY	10573-2820	PEDIATRICS
VERSFELT	MARY	MD	26 RYE RIDGE PLAZA	RYE BROOK	NY	10573-2820	PEDIATRICS
WOODARD	KRISTEN	MD	26 RYE RIDGE PLAZA	RYE BROOK	NY	10573-2820	PEDIATRICS
ALCEDO	FRANCIS	MD	999 SILVER LANE, 3RD FLOOR	TRUMBULL	CT	06611-5343	INTERNAL MEDICINE
BENAVIV-MESKIN	DANIELLE	MD	112 QUARRY ROAD, STE. 250	TRUMBULL	CT	06611-4816	ENDOCRINOLOGY
BERTINI	NICHOLAS	MD	999 SILVER LANE, 3RD FLOOR	TRUMBULL	CT	06611-5343	INTERNAL MEDICINE
BLOOM	GREGORY	MD	112 QUARRY ROAD, STE. 400	TRUMBULL	CT	06611-4816	CARDIOLOGY
BURNS	BRYAN	MD	888 WHITE PLAINS ROAD, STE. 110	TRUMBULL	CT	06611-4552	GASTROENTEROLOGY
BURNS	BRYAN	MD	888 WHITE PLAINS ROAD, STE. 210	TRUMBULL	CT	06611-4552	
BUSHELL	DAVID	MD	204 501 KINGS HIGHWAY EAST, STE.	FAIRFIELD	CT	06825-4861	PULMONARY
BUSHELL	DAVID	MD	105 501 KINGS HIGHWAY EAST, STE.		CT	06825-4859	
CAFARO	MICHAEL	MD	4719 MADISON AVENUE	TRUMBULL	CT	06611-1733	INTERNAL MEDICINE
CASTILLO	JUDITH	MD	112 QUARRY ROAD, STE. 250	TRUMBULL	CT	06611-4816	ENDOCRINOLOGY
CHANDA	KABERI	MD	888 WHITE PLAINS ROAD, STE. 203	TRUMBULL	CT	06611-4552	INTERNAL MEDICINE
CHOU	LUCIA	MD	2900 MAIN STREET, STE. 3A	STRATFORD	CT	06614-4946	INTERNAL MEDICINE
CIMINIELLO	FRANK	MD	112 QUARRY ROAD, STE. 220	TRUMBULL	CT	06611-4816	INTERNAL MEDICINE
CONNOLLY	MICHAEL	MD	2900 MAIN STREET, STE. 3C	STRATFORD	CT	06614-4946	INTERNAL MEDICINE/PEDIATRICS
DAFCIK	ADRIAN	MD	134 ROUND HILL ROAD, STE. 2	FAIRFIELD	CT	06824-5166	INTERNAL MEDICINE
DAS	DEBASISH	MD	501 KINGS HIGHWAY EAST, STE. 106	FAIRFIELD	CT	06825-4871	INTERNAL MEDICINE
DISTEFANO	ARCANGELO	MD	3180 MAIN STREET, STE. 301	BRIDGEPORT	CT	06606-4237	INTERNAL MEDICINE
DOROSARIO	ARNOLD	MD	112 QUARRY ROAD, STE. 220	TRUMBULL	CT	06611-4816	INTERNAL MEDICINE
D'SOUZA	ANTHONY	MD	84 Oxford Road, Ste. A	Oxford	CT	06478 - 1989	CARDIOLOGY
D'SOUZA	ANTHONY	MD	4 Corporate Drive, STE. 100	Shelton	CT	06484-6258	
CHOWDHURY	MONZURUL	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
DUCHEN	DOUGLAS	MD	112 QUARRY ROAD, STE. 120	TRUMBULL	CT	06611-4816	FAMILY PRACTICE
DUMITRESCU	MIRELA	MD	5520 PARK AVE, STE. 101	TRUMBULL	CT	06611-3463	RHEUMATOLOGY
ESPOSITO	JAY	MD	888 WHITE PLAINS ROAD, STE. 214	TRUMBULL	CT	06611-4552	PEDIATRICS
FILIBERTO	COSMO	MD	112 QUARRY ROAD, STE. 120	TRUMBULL	CT	06611-4816	FAMILY PRACTICE
GADA	PRITEE	MD	112 QUARRY ROAD, STE. 120	TRUMBULL	CT	06611-4816	FAMILY PRACTICE
GALATI	SANDI JO	MD	112 QUARRY ROAD, STE. 250	TRUMBULL	CT	06611-4816	ENDOCRINOLOGY
GENTES	CYNTHIA	MD	999 SILVER LANE, 3RD FLOOR	TRUMBULL	CT	06611-5343	INTERNAL MEDICINE
GENTRY	ERIC	MD	501 KINGS HIGHWAY EAST, STE. 204	FAIRFIELD	CT	06825-4861	PULMONARY
GLADSTEIN	GEOFFREY	MD	5520 PARK AVE, STE. 101	TRUMBULL	CT	06611-3463	RHEUMATOLOGY

GOBEL	SUSAN	MD	888 WHITE PLAINS ROAD, STE. 110	TRUMBULL	CT	06611-4552	PATHOLOGY
GREENSPAN	PHILIP	MD	501 KINGS HIGHWAY EAST, STE. 204	FAIRFIELD	CT	06825-4861	PULMONARY
GROCHOWALSKA	AGNIESZKA	MD	112 QUARRY ROAD, STE. 250	TRUMBULL	CT	06611-4816	ENDOCRINOLOGY
GUADAGNOLI	GERMANO	MD	5520 PARK AVE, STE. 101	TRUMBULL	CT	06611-3463	RHEUMATOLOGY
GULRAJANI	AVINASH	MD	112 QUARRY ROAD, STE. 400 4 Corporarte Drive , Suite 400	TRUMBULL Shelton	CT CT	06611-4816 06484- 6258	CARDIOLOGY
HEINEKEN	CHRISTIAN	MD	3180 MAIN STREET, STE. 301	BRIDGEPORT	CT	06606-4237	INTERNAL MEDICINE
HERBIN	JOSEPH	MD	2150 BLACK ROCK TPKE, STE. 201	FAIRFIELD	CT	06825-3239	INTERNAL MEDICINE
HUR	SIK	MD	4 Corporarte Drive , Suite 400	Shelton	CT	06484- 6258	CARDIOLOGY
JOHN	GENEVIEVE	MD	2150 BLACK ROCK TPKE, STE. 201	FAIRFIELD	CT	06825-3239	INFECTIOUS DISEASE
KINGSLY	KENNETH	MD	425 POST ROAD, STE. 204	FAIRFIELD	CT	06824-6232	UROLOGY
KOCINSKY	DANIEL	MD	888 WHITE PLAINS ROAD, STE. 203	TRUMBULL	CT	06611-4552	INTERNAL MEDICINE
KULAKOV	SLAVA	MD	134 ROUND HILL ROAD, STE. 2	FAIRFIELD	CT	06824-5166	INTERNAL MEDICINE
LAM	CHUNGWANG	MD	888 WHITE PLAINS ROAD, STE. 110	TRUMBULL	CT	06611-4552	GASTROENTEROLOGY
LAM	CHUNGWANG	MD	888 WHITE PLAINS ROAD, STE. 210	TRUMBULL	CT	06611-4552	
LANDAU	CHARLES	MD	112 QUARRY ROAD, STE. 400	TRUMBULL	CT	06611-4816	CARDIOLOGY
LANDAU	CHARLES	MD	4 CORPORATE DR., STE. 100	SHELTON	CT	06484-6258	
LANDAU	ALAN	MD	888 WHITE PLAINS ROAD, STE. 110	TRUMBULL	CT	06611-4552	GASTROENTEROLOGY
LANDAU	ALAN	MD	888 WHITE PLAINS ROAD, STE. 210	TRUMBULL	CT	06611-4552	
LATZMAN	GORDON	MD	888 WHITE PLAINS ROAD, STE. 110	TRUMBULL	CT	06611-4552	GASTROENTEROLOGY
LATZMAN	GORDON	MD	888 WHITE PLAINS ROAD, STE. 210	TRUMBULL	CT	06611-4552	
LAWHORN	STEPHEN	MD	888 WHITE PLAINS ROAD, STE. 110	TRUMBULL	CT	06611-4552	PATHOLOGY
LENHART	KEVIN	MD	112 QUARRY ROAD, STE. 400	TRUMBULL	CT	06611-4816	CARDIOLOGY
LENHART	KEVIN	MD	4 CORPORATE DR., STE. 100	SHELTON	CT	06484-6258	
LEVINE	EDWIN	MD	888 WHITE PLAINS ROAD, STE. 110	TRUMBULL	CT	06611-4552	GASTROENTEROLOGY
LEVINE	EDWIN	MD	888 WHITE PLAINS ROAD, STE. 210	TRUMBULL	CT	06611-4552	
LOGIADIS	EMMANUEL	MD	999 SILVER LANE, 3RD FLOOR	TRUMBULL	CT	06611-5343	INTERNAL MEDICINE
LOTTICK	ADAM	MD	112 QUARRY ROAD, STE. 400	TRUMBULL	CT	06611-4816	CARDIOLOGY
LOTTICK	ADAM	MD	4 CORPORATE DR., STE. 100	SHELTON	CT	06484-6258	
MANCHER	KENNETH	MD	17 WESTERMAN AVENUE	SEYMOUR	CT	06483-3330	INTERNAL MEDICINE
MASONE	PASQUALE	MD	3180 MAIN STREET, STE. 301	BRIDGEPORT	CT	06606-4237	INTERNAL MEDICINE
MCCULLOUGH	DAVID	MD	111 East Avenue, STE 335	Norwalk	CT	06851-5014	OPHTHALMOLOGY
MEJIA	VICTOR	MD	112 QUARRY ROAD, STE. 400	TRUMBULL	CT	06611-4816	CARDIOLOGY
MEJIA	VICTOR	MD	4 CORPORATE DR., STE. 100	SHELTON	CT	06484-6258	
MIKAN	PAUL	MD	4 CORPORATE DRIVE, STE. 394	SHELTON	CT	06484-6211	INTERNAL MEDICINE
MILLER	STUART	MD	999 SILVER LANE, 3RD FLOOR	TRUMBULL	CT	06611-5343	INTERNAL MEDICINE
MONGILLO	ANTHONY	MD	3180 MAIN STREET, STE. 301	BRIDGEPORT	CT	06606-4237	INTERNAL MEDICINE
MULDOON	LAWRENCE	MD	425 POST ROAD, STE. 204	FAIRFIELD	CT	06824-6232	UROLOGY
NAPOLITANO	GUIDO	MD	888 WHITE PLAINS ROAD, STE. 202	TRUMBULL	CT	06611-4552	INTERNAL MEDICINE
NORI	KENNETH	MD	112 QUARRY ROAD, STE. 220	TRUMBULL	CT	06611-4816	INTERNAL MEDICINE
NOVIK	LARRY	MD	325 REEF ROAD, ROOM 203	FAIRFIELD	CT	06824-6537	FAMILY PRACTICE
PASSALACQUA	JO-ANNE	MD	2150 BLACK ROCK TPKE, STE. 201	FAIRFIELD	CT	06825-3239	INTERNAL MEDICINE/INFECTIOUS DISEASE
PETERSON	ARNOLD	MD	888 WHITE PLAINS ROAD, STE. 202	TRUMBULL	CT	06611-4552	INTERNAL MEDICINE
PLASENCIA	VERONICA	MD	325 REEF ROAD, ROOM 203	FAIRFIELD	CT	06824-6537	FAMILY PRACTICE
PREDA	IOANA	MD	112 QUARRY ROAD, STE. 220	TRUMBULL	CT	06611-4816	INTERNAL MEDICINE
PREWITT	R SCOTT	MD	2900 MAIN STREET, STE. 3C	STRATFORD	CT	06614-4946	INTERNAL MEDICINE/PEDIATRICS
PUN	MANUEL	MD	112 QUARRY ROAD, STE. 400	TRUMBULL	CT	06611-4816	CARDIOLOGY
RAO	VIDHYA	MD	999 SILVER LANE, 3RD FLOOR	TRUMBULL	CT	06611-5343	INTERNAL MEDICINE
RONEN	ALON	MD	112 QUARRY ROAD, STE. 400	TRUMBULL	CT	06611-4816	CARDIOLOGY
ROSA	JOSEPH	MD	112 QUARRY ROAD, STE. 250	TRUMBULL	CT	06611-4816	ENDOCRINOLOGY
RUSZKOWSKI	JAIMIE	MD	888 WHITE PLAINS ROAD, STE. 202	TRUMBULL	CT	06611-4552	INTERNAL MEDICINE
SABATINI	MARIA	MD	425 POST ROAD, STE. 204	FAIRFIELD	CT	06824-6232	PATHOLOGY
SACKSTEIN	ROBERT	MD	112 QUARRY ROAD, STE. 400	TRUMBULL	CT	06611-4816	CARDIOLOGY
SAINTILUS	MOLAIN	MD	112 QUARRY RD, STE 220	TRUMBULL	CT	06611-4816	INTERNAL MEDICINE
SICA	DANIEL	MD	888 WHITE PLAINS ROAD, STE. 203	TRUMBULL	CT	06611-4552	INTERNAL MEDICINE
SNOWDEN	LENORE	MD	4 CORPORATE DRIVE, STE. 394	SHELTON	CT	06484-6211	INTERNAL MEDICINE
STELMAN	MILLA	MD	112 QUARRY ROAD, STE. 120	TRUMBULL	CT	06611-4877	FAMILY PRACTICE
TORTORELLO	JOSEPH	MD	112 QUARRY ROAD, STE. 220	TRUMBULL	CT	06611-4816	INTERNAL MEDICINE
TOUMANIAN	KARINE	MD	2900 MAIN STREET, STE. 3A	STRATFORD	CT	06614-4946	INTERNAL MEDICINE
URCIUOLI	STEPHEN	MD	999 SILVER LANE, 3RD FLOOR	TRUMBULL	CT	06611-5343	INTERNAL MEDICINE
VALLABHANANI	VASUDHA	MD	3180 MAIN STREET, STE. 301	BRIDGEPORT	CT	06606-4237	INTERNAL MEDICINE
WALTZMAN	MICHAEL	MD	112 QUARRY ROAD, STE. 320	TRUMBULL	CT	06611-4816	OTOLARYNGOLOGY
WATKINS COLWELL	KELLIE	MD	325 REEF ROAD, ROOM 203	FAIRFIELD	CT	06824-6537	FAMILY PRACTICE
WEISS	SCOTT	MD	888 WHITE PLAINS ROAD, STE. 110	TRUMBULL	CT	06611-4552	GASTROENTEROLOGY

WEISS	SCOTT	MD	888 WHITE PLAINS ROAD, STE. 210	TRUMBULL	CT	06611-4552	
WERNER	CRAIG	MD	112 QUARRY ROAD, STE. 400	TRUMBULL	CT	06611-4816	CARDIOLOGY
WERNER	CRAIG	MD	4 CORPORATE DR., STE. 100	SHELTON	CT	06484-6258	
WIEBER	STASIA	MD	501 KINGS HIGHWAY EAST, STE. 204	FAIRFIELD	CT	06825-4861	PULMONARY
WIEBER	STASIA	MD	501 KINGS HIGHWAY EAST, STE. 105	FAIRFIELD	CT	06825-4859	
WOSNITZER	MATTHEW	MD	425 POST ROAD, STE. 204	FAIRFIELD	CT	06824-6232	UROLOGY
ZARCU-POWER	FLORA	MD	281 SEASIDE AVENUE	MILFORD	CT	06460-4601	INTERNAL MEDICINE
GREENBERG-LEE	ALISSA	MD	5 PERRYRIDGE ROAD, STE 1-3200	GREENWICH	CT	06830-4608	PULMONARY
ADDEO	DANIELA	MD	77 LAFAYETTE PLACE	GREENWICH	CT	06830-5426	RADIATION ONCOLOGY
CONTESSA	JOSEPH	MD	77 LAFAYETTE PLACE	GREENWICH	CT	06830-5426	RADIATION ONCOLOGY
DAMAST	SHARI	MD					RADIATION ONCOLOGY
DECKER	ROY	MD					RADIATION ONCOLOGY
HANSEN	JAMES	MD					RADIATION ONCOLOGY
JOHUNG	KIMBERLY	MD	77 LAFAYETTE PLACE	GREENWICH	CT	06830-5426	RADIATION ONCOLOGY
NARAYANA	ASHWATHA	MD	77 LAFAYETTE PLACE	GREENWICH	CT	06830-5426	RADIATION ONCOLOGY
ROBERTS	KENNETH	MD	77 LAFAYETTE PLACE	GREENWICH	CT	06830-5426	RADIATION ONCOLOGY
YU	JAMES	MD	77 LAFAYETTE PLACE	GREENWICH	CT	06830-5426	RADIATION ONCOLOGY
CROMBIE	ROSELLE	MD	111 BEACH ROAD	Fairfield	CT	06824	GENERAL SURGERY
CROMBIE	ROSELLE	MD	888 White Plains Rd	TRUMBULL	CT	06611	
MAJUMDAR	SACHIN	MD	52 BEACH ROAD, STE. 102	FAIRFIELD	CT	06824-6017	ENDOCRINOLOGY
THORNTON	SCOTT	MD	1305 POST ROAD, STE. 2105	FAIRFIELD	CT	06824-6016	SURGERY
THORNTON	SCOTT	MD	887 BRIDGEPORT AVE, STE. C	SHELTON	CT	06484-7602	
THORNTON	SCOTT	MD	2900 MAIN STREET, STE. 1F	STRATFORD	CT	06614-4946	
DILL JR	EDWARD	MD	5 DURHAM ROAD BLDG. 3	GUILFORD	CT	06437-2076	INTERNAL MEDICINE
INDES	JODI	MD	5 DURHAM ROAD BLDG. 3	GUILFORD	CT	06437-2076	INTERNAL MEDICINE
LAWRENCE	FRASER	MD	5 DURHAM ROAD BLDG. 3	GUILFORD	CT	06437-2076	INTERNAL MEDICINE
SCHEIMANN	MARY	MD	5 DURHAM ROAD BLDG. 3	GUILFORD	CT	06437-2076	INTERNAL MEDICINE
ANTONETTI	DAVID	MD	150 SARGENT DRIVE, SUITE 1	NEW HAVEN	CT	06511-6100	INTERNAL MEDICINE
GANDHI	URVI	MD	150 SARGENT DRIVE, SUITE 1	NEW HAVEN	CT	06511-6100	INTERNAL MEDICINE
GELLER	SAMUEL	MD	150 SARGENT DRIVE, SUITE 1	NEW HAVEN	CT	06511-6100	INTERNAL MEDICINE
JUNG	LEE	MD	150 SARGENT DRIVE, SUITE 1	NEW HAVEN	CT	06511-6100	INTERNAL MEDICINE
KLEINSTEIN	JUDITH	MD	150 SARGENT DRIVE, SUITE 1	NEW HAVEN	CT	06511-6100	INTERNAL MEDICINE
PRIOR	EDWARD	MD	150 SARGENT DRIVE, SUITE 1	NEW HAVEN	CT	06511-6100	INTERNAL MEDICINE
MCWHORTER	PHILLIP	MD	77 LAFAYETTE PLACE, STE. 301	GREENWICH	CT	06830-5426	SURGERY
MCWHORTER	PETER	MD	77 LAFAYETTE PLACE, STE. 301	GREENWICH	CT	06830-5426	SURGERY
PETROTOS	ATHANASSIOS	MD	77 LAFAYETTE PLACE, STE. 301	GREENWICH	CT	06830-5426	SURGERY
FLORES	JOHN	MD	115 TECHNOLOGY DRIVE, STE. A303	TRUMBULL	CT	06611-6340	INTERNAL MEDICINE
BENADERET	STEVEN	MD	129 KINGS HIGHWAY NORTH	WESTPORT	CT	06880-2438	FAMILY MEDICINE
BROWN	KAREN	MD	2440 WHITNEY AVE	HAMDEN	CT	06518-3222	INTERNAL MEDICINE
CRAIG	HOLLY	MD	2440 WHITNEY AVE	HAMDEN	CT	06518-3222	INTERNAL MEDICINE
MANN	MARC	MD	2440 WHITNEY AVE	HAMDEN	CT	06518-3222	INTERNAL MEDICINE
TOGAWA	CYNTHIA	MD	2440 WHITNEY AVE	HAMDEN	CT	06518-3222	INTERNAL MEDICINE
ANDERSON	ROBERT	MD	2200 WHITNEY AVE #240	HAMDEN	CT	06518-3691	PEDIATRICS
BIRD	ELIZABETH	MD	2200 WHITNEY AVE #240	HAMDEN	CT	06518-3691	PEDIATRICS
DILLAWAY	MARGUERITE	MD	2200 WHITNEY AVE #240	HAMDEN	CT	06518-3691	PEDIATRICS
MANN	CYNTHIA	MD	2200 WHITNEY AVE #240	HAMDEN	CT	06518-3691	PEDIATRICS
RASTETTER	REBECCA	MD	2200 WHITNEY AVE #240	HAMDEN	CT	06518-3691	PEDIATRICS
OGUNDIPE	NNENNA	MD	20 York Street, CB 2041	New Haven	CT	06519	HOSPITALIST
SIDDIQI	AISHA	MD	20 York Street, CB 2041	New Haven	CT	06519	NIGHT HOSPITALIST
WEBER	LITCHIA	MD	5 Perryridge Rd	Greenwich	CT	06830	HOSPITALIST
TESLYA	PAVEL	MD	267 Grant Street	BRIDGEPORT	CT	06610	HOSPITALIST
AL-QADI	MAZEN	MD	20 York Street, CB 2041	New Haven	CT	06519	INTENSIVIST
STEWART	SHETAL	MD					HOSPITALIST
LARSEN	CHRISTINA	MD					PHYSICIAN ASSISTANT
MILLARD	HUN	MD	20 York Street, CB 2041	New Haven	CT	06519	PHYSICIAN
FUSCO	AMANDA	MD	25 Germantown Road	Danbury	CT	06810	ADVANCED NURSE PRACTITIONER
SEVERO	CHARLES	MD	112 Quarry Road, Suite 400	Trumbull	CT	06611	PHYSICIAN ASSISTANT
CHU	YVONNE	MD	20 York Street, CB2041	New Haven	CT	06519	HOSPITALIST
PATEL	HEMAL	MD	267 Grant Street	BRIDGEPORT	CT	06610	PHYSICIAN ASSISTANT
MAFFEI	DAVID	MD	5 Perryridge Rd	Greenwich	CT	06830	PHYSICIAN ASSISTANT
TAWIAH	PHYLLIS	MD	20 York Street, CB 2041	New Haven	CT	06519	CASUAL HOSPITALIST
DISCEPOLO	KAREN	MD	950 Campbell Ave				ADVANCED NURSE PRACTITIONER
TAHIR	OMAIR	MD	20 York Street CB2041	New Haven	CT	06519	HOSPITALIST
JABUONSKI	THIAGO	MD					INTENSIVIST
ALSAID ALKHREISAT	MUSTAFA	MD	20 York Street CB 2041	New Haven	CT	06519	NIGHT HOSPITALIST
MALIK	UMER	MD	20 York Street CB2041	New Haven	CT	06519	NIGHT HOSPITALIST
MORTEL	MARIE	MD					NIGHT HOSPITALIST
SINGH	VASUNDHARA	MD					HOSPITALIST
MCKNIGHT	ERIN	MD	20 York Street, CB2041	New Haven	CT	06519	HOSPITALIST
ADEKOLU	OLUROTIMI	MD	20 York Street, CB2041	New Haven	CT	06519	HOSPITALIST

PABANI	QAAYAM	MD	5 Perryridge Rd	Greenwich	CT	06830	NIGHT HOSPITALIST
BAKKALI	LEEN	MD	874 HOWARD AVE	NEW HAVEN	CT	06519-1106	GERIATRICS
DATUNASHVILI	ANN	MD	874 HOWARD AVE	NEW HAVEN	CT	06519-1106	GERIATRICS
DUNLOP	JOHN	MD	874 HOWARD AVE	NEW HAVEN	CT	06519-1106	GERIATRICS
GNECO WILAMO	CYNTHIA	MD	874 HOWARD AVE	NEW HAVEN	CT	06519-1106	GERIATRICS
HOFFMAN	PAMELA	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	PSYCHIATRY
MILLER	RONALD	MD	874 HOWARD AVE	NEW HAVEN	CT	06519-1106	GERIATRICS
DOUGLAS	MAURA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
ADEKOLU	EVELYN	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
ADVANI	ANISHA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
AKANDE	OLUKEMI	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
AMAH	LINDA	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
AMETI	LIRIM	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
ASEFAW	SENAI	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
BALICA	ELENA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
BELL	RYAN	MD	35 RIVER ROAD, STE. 101	COS COB	CT	06807-2759	INTERNAL MEDICINE
BERLAND	GRETCHEN	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
BHUTTA	ABDUL	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
BORAD	ANOLI	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
BROWN	CARLY	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
BURKE	LEAH	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
CALIA	KERSTIN	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
CALO	LEONARD	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
CANCHI	DEEPTI	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
CASSESE	TODD	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
CHEN	CHRISTINE	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
CHOKSHI	MOULIN	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
CHOW	ANDREW	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
CLARKE	TRACYANN	MD	20 YORK STREET	NEW HAVEN	CT	06830	INTERNAL MEDICINE
DAKWA	KWASI	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
CORD	SHEILA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
DESHPANDE	OHM	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
DESOUZA	RICHARD	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
EVANS	DAPHNE	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
FOTJADHI	SKERDI	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
FRANCO VEGA	MARIA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
GNANAPANDITHAN	KARTHIK	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
IMEVBORE	OLUTAYO	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
ISHIBE	SHUTA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
JENEI	PETER	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
KAMAL	ARSHAD	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
KANAPARTHY	NAGA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
KER	ZHONG YANG	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
KIM	NANCY	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
KOTA	AJAY	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
KWAK	YOUNG	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
LEE	HELEN	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
LOARTE-CAMPOS	PABLO	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
MANSOOR	MUHAMMAD	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
MEHRZAD	RAMAN	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
MOHAMMAD	AMIR	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
MOLEDINA	DENNIS	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
MORRIS	VICTOR	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
MORRIS	JENSA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
NAMEK	KARIM	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
NAURIYAL	VARIDHI	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
OFORI-MANTE	ELIZABETH	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
OSHLICK	JOHN	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
OTOLORIN	OLUBUNMI	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
PHAM	LAURA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
PLOTKIN	EILEEN	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
PRIYANK	KUMAR	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
RAI	MANISHA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
RAVI	SREEDHAR	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
SALVANA	JOSE	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
SAMSON	LEAH	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
SANKEY	CHRISTOPHER	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
SCHIOPESCU	IRINA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
SHAH	NIDHI	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
SHAHAB	ZARTASHIA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
SINGH	MANPREET	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
SMITH	MARCELLA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
SOFER	AVRAHAM	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE

SUSSMAN	L. SCOTT	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
SWAN	KEITH	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
THENTU	JYOTHI	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
VASHIST	IPSHITA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
YEBOAH	BENJAMIN	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
ZAHA	LIVIU	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
GYAMBIBI	KAKRA	MD	5 Perryridge Road	Greenwich	CT	06830- 4608	INTERNAL MEDICINE
GYAMBIBI	KAKRA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	
ACKERMAN	ADAM	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	INTERNAL MEDICINE
BRITO	MONICA	MD	2015 West Main St , Suite 150	Stamford	CT	06901	OB/GYN
BRITO	MONICA	MD	145 HUGUENOT ST. STE 215	New Rochelle	NY CT	10801-5200	
BRITO	MONICA	MD	3010 Westchester Ave	Purchase	NY CT	10577	
AYEPAH	RINA	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	INTERNAL MEDICINE
BEKUI	ELIZABETH	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	HOSPITALIST
CHINNI	SANTHI	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	INTERNAL MEDICINE
DOGBEY	RUPERT	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	INTERNAL MEDICINE
GUNDLURU	HARISH	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	INTERNAL MEDICINE
LAI	JAMES	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	INTERNAL MEDICINE
MANGLA	BHUPESH	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	INTERNAL MEDICINE
MANZON	ANTHONY	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	INTERNAL MEDICINE
QUADIR	MUZIANA	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	HOSPITALIST
SAMMA	MUNEEB	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	INTERNAL MEDICINE
THAMPY	UNNIKRISHNA	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	INTERNAL MEDICINE
TUKTAMYSHOV	RASIKH	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	HOSPITALIST
VARGHESE	INDU	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	HOSPITALIST
VEDERE	SWARUPA	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	INTERNAL MEDICINE
VERULASHVILI	MIKHEIL	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
BUTLER	WILLIAM	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	SURGERY / WOUND CARE
CANDELARIA	ANGELA	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	INTERNAL MEDICINE
CHARRON	MARIANE	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
FAJARDO	ELAINE	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
SAULER	MAOR	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
SIQUEIROS	ALAN	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
VELAGAPUDI	venu	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
ALBERTI	PAUL	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	OTOLARYNGOLOGY
ALTMAN	MARK	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	HAND SURGERY
BENICK	MICHAEL	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	GASTROENTEROLOGY
BERNSTEIN	RICHARD	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	ORTHOPEDIC SURGERY
BOGARDUS	SIDNEY	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	GASTROENTEROLOGY
BRIDGERS	SAMUEL	MD					NEUROLOGY
CALDWELL	CARY	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	GASTROENTEROLOGY
CHEN	EATON	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	OTOLARYNGOLOGY
COHEN	DAVID	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	ORTHOPEDIC SURGERY
COYLE	BRIAN	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	VASCULAR SURGERY
DAIGNEAULT	JOHN	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	ORTHOPAEDIC SURGERY
DENATALE	RALPH	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	VASCULAR SURGERY
DIANA	RICHARD	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	ORTHOPEDIC SURGERY
FERNANDO	SURANI	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	ENDOCRINOLOGY
FERNEINI	ANTOINE	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	VASCULAR SURGERY
FORTGANG	PAUL	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	OTOLARYNGOLOGY
FOTJADHI	IRMA	MD					INTERNAL MEDICINE
GENEROSO	RAMON	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	GASTROENTEROLOGY
GOLDBERG	PHILIP	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	ENDOCRINOLOGY
HENDRY	CHRISTINA	MD	20 YORK STREET	NEW HAVEN	CT	06510-3220	INTERNAL MEDICINE
HASS	DAVID	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	GASTROENTEROLOGY
HIROKAWA	RONALD	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	OTOLARYNGOLOGY
HONG-CURTIS	JOANN	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	GASTROENTEROLOGY
KAPLAN	NORMAN	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	ORTHOPEDIC SURGERY
KRAMER	KENNETH	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	ORTHOPEDIC SURGERY
LAGARDE	SUZANNE	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	GASTROENTEROLOGY
LIPCAN	MICHAEL	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	GASTROENTEROLOGY
LUCHINI	MICHAEL	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	ORTHOPEDIC SURGERY
LUCHINI	PHILLIP	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	ORTHOPEDIC SURGERY
LYNCH	CHRISTOPHER	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	ORTHOPEDIC SURGERY
MAYERSON	ADAM	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	ENDOCRINOLOGY
MAYOR	ROWLAND	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	ORTHOPEDIC SURGERY
MCLAUGHLIN	CHRISTOPHER	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	SURGERY
MORAN	THOMAS	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	SURGERY
PAUNULLO	WAYNE	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	GASTROENTEROLOGY
RAMSEY	WILLIAM	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	GASTROENTEROLOGY
ROSENBLUM	DAVID	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	PHYSICAL MEDICINE & REHAB
SELLA	ENZO	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	ORTHOPEDIC SURGERY



SIGNORE	CHRISTINE	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	ENDOCRINOLOGY
SREENIVASAN	PRITHVI	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	GASTROENTEROLOGY
SWEENEY	THOMAS	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	VASCULAR SURGERY
TIGHE	MAE	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	GASTROENTEROLOGY
TRONCALE	FRANK	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	GASTROENTEROLOGY
VINING	EUGENIA	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	OTOLARYNGOLOGY
WEINSTEIN	MARK	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	PLASTIC SURGERY
WESTERGAN	ROBERT	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	ORTHOPEDIC SURGERY
WILLETT	J.MICHAEL	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	OTOLARYNGOLOGY
WOLFSOHN	DAVID	MD	1450 CHAPEL STREET	NEW HAVEN	CT	06511-4405	GASTROENTEROLOGY
YANAGISAWA	KENNETH	MD	330 ORCHARD STREET, 2ND FLOOR	NEW HAVEN	CT	06511-4417	OTOLARYNGOLOGY
AVERSA	DAVID	MD					PSYCHIATRY
CHAUDHARY	JESSICA	MD					PSYCHIATRY
GRAYER	DAVID	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	GASTROENTEROLOGY
IVY	MICHAEL	MD	267 GRANT STREET	BRIDGEPORT	CT	06610-2805	SURGERY
PAEK	HYUNG	MD	covering for NEMG				INTERNAL MEDICINE
RICHER	SARA	MD	888 WHITE PLAINS ROAD, STE. 206	TRUMBULL	CT	06611-4552	OTOLARYNGOLOGY
TURETSKY	ROCHELLE	MD	4775 MAIN STREET	BRIDGEPORT	CT	06606-1877	SLEEP MEDICINE
TURETSKY	ROCHELLE	MD	267 GRANT STREET	BRIDGEPORT	CT	06606-1877	
Leibert	Eric	MD	5 Perryridge Road	GREENWICH	CT	06830	PULMONARY DISEASE
Cram	Amy Elizabeth	MD	26 RYE RIDGE PLAZA	RYE BROOK	NY	10573	PEDIATRICS
Date	Pravin	MD	5 Perryridge Road	GREENWICH	CT	26830	Internal Medicine
Boateng	Freda	MD	267 Grant Street	Bridgeport	CT	06610	Internal Medicine
Patchett	Matthew	MD	20 York Street	New Haven	CT	06510	Internal Medicine
Farhadian	Shelli	MD	20 York Street	New Haven	CT	06510	Internal Medicine
Khan	Jenifer	MD	267 GRANT STREET	Bidgeport	CT	06610-2805	Hospitalist
Mulvey	Gregory	MD	5 DURHAM ROAD BLDG. 3	Guilford	CT	06437	Internal Medicine
Wainwright	Sandra	MD	5 Perryridge Road	GREENWICH	CT	06830	Wound Care
Erich	Elyse	MD	260 Long Ridge Rd	Stamford	CT	06927	Internal Medicine
Habib	Taimur	MD	260 Long Ridge Rd	Stamford	CT	06927	Internal Medicine
Kardos	Steven	MD	425 Post Rd, Suite 204	Bridgeport	CT	06824	Urology
Kardos	Steven	MD	5520 Park Ave	Trumbull	CT	06611	
Sharfuddin	MUHAMMAD	MD	52 BEACH ROAD, STE. 107	FAIRFIELD	CT	06824	INTERNAL MEDICINE
POLLACK	Ari	MD	25 Germantown Road	Danbury	CT	06810	
POLLACK	Ari	MD	999 Silver Lane	Stratford	CT	06614	
POLLACK	Ari	MD	20 Commerce Park	MILFORD	CT	06460	
Ionescu	Simina	MD	9 WASHINGTON AVE	Hamden	CT	06518-3267	INTERNAL MEDICINE
Hung	Adelina	MD	20 York STREET	New Haven	CT	06510-3220	
Forstein	Steven	MD	663 Middlesex TPKE, Ste. 110	Old Saybrook	CT	06475	
Forstein	Steven	MD	1527 ROUTE 12	Gales Ferry	CT	06335-1800	
Diaz	Veronica Angulo	MD	150 SARGENT DRIVE, SUITE 1	NEW HAVEN	CT	06511-6100	
Dieckman	Elizabeth	MD	2200 WHITNEY AVE #240	Hamden	CT	06518-3691	PEDIATRICS
WALTERS	CHERYL	Empl oyee	677 Main Street, Suite 2	Cheshire	CT	06410	INTERMED
CASASANTA	KRISTIN	Empl oyee	26 Rye Ridge Plaza	Rye Brook	NY	10573	PEDIATRICS
MAZZONE	LINDSEY	Empl oyee	20 York Street, CB 2041	New Haven	CT	06510	HOSPITALIST
KANADE	SANDHYA	Empl oyee	20 York Street, CB 2041	New Haven	CT	06510	HOSPITALIST
KANADE	VASUDEV	Empl oyee	20 York Street, CB 2041	New Haven	CT	06510	INTERMED
Coletti	Donna	PSA	5 Perryridge Rd	Greenwich	CT	06830	INTERMED

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:  
**TO RENDER MEDICAL TREATMENT TO PATIENTS WITHOUT REGARD TO ABILITY TO PAY FOR SUCH TREATMENT, AND TO PROMOTE A HIGH QUALITY OF MEDICAL CARE AND OTHER SERVICES FOR THE BENEFIT OF ALL PERSONS IN THE COMMUNITIES IT SERVES.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ 307,090,797. including grants of \$ \_\_\_\_\_) (Revenue \$ 276,599,873.)  
**SCHEDULE O**

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4b (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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4d Other program services (Describe in Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses **▶ 307,090,797.**

STATE OF CONNECTICUT }  
OFFICE OF THE SECRETARY OF THE STATE } SS. HARTFORD

I hereby certify that this is a true copy of record  
in this Office.

In Testimony whereof, I have hereunto set my hand,  
and affixed the Seal of said State, at Hartford,  
this 16<sup>th</sup> day of May A.D. 2014



SECRETARY OF THE STATE

AG

SECRETARY OF THE STATE  
30 TRINITY STREET  
P.O. BOX 150470  
HARTFORD, CT 06115-0470

MAY 16, 2014

CSC THE UNITED STATES CORPORATION  
59 DOGWOOD ROAD  
WETHERSFIELD, CT 06109

RE: ACCEPTANCE OF BUSINESS FILING

THIS LETTER IS TO CONFIRM THE ACCEPTANCE OF A FILING FOR THE FOLLOWING  
BUSINESS:

NORTHEAST MEDICAL GROUP, INC.

WORK ORDER NUMBER: 2014144713-003  
BUSINESS FILING NUMBER: 0005107616  
TYPE OF REQUEST: CERTIFICATE OF AMENDMENT  
FILE DATE/TIME: MAY 15 2014 03:00 PM  
EFFECTIVE DATE/TIME: MAY 16 2014 12:01 AM  
WORK ORDER PAYMENT RECEIVED: 1085.00  
PAYMENT RECEIVED: 70.00

BUSINESS ID: 0264967

ANNA GOLDBLATT  
Commercial Recording Division  
860-509-6003  
WWW.CONCORD.SOTS.CT.GOV

BUSINESS FILING REPORT

WORK ORDER NUMBER:2014144713-003  
BUSINESS FILING NUMBER: 0005107616

BUSINESS NAME:

NORTHEAST MEDICAL GROUP, INC.

BUSINESS LOCATION:

226 MILL HILL AVE  
BRIDGEPORT,CT 06610

MAILING ADDRESS:

226 MILL HILL AVE  
BRIDGEPORT,CT 06610

PRINCIPAL INFORMATION FOR UP TO THREE PRINCIPALS:

NAME:PETER HERBERT  
TITLE:CHAIRMAN/SR.VP

NAME:JAMES M. STATEN  
TITLE:TREASURER/EXEC.VP

NAME:GAYLE L. CAPOZZALO  
TITLE:SECRETARY/EXEC.VP

\*\* END OF REPORT \*\*

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 SECRETARY OF THE STATE  
 CONNECTICUT SECRETARY OF THE STATE



**SECRETARY OF THE STATE**

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION

PHONE: 860-509-6003

WEBSITE: [www.concord-sos.ct.gov](http://www.concord-sos.ct.gov)

**CERTIFICATE OF AMENDMENT  
 NONSTOCK CORPORATION**

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

<b>FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):</b>  NAME: Rebecca Matthews ADDRESS: Wigin and Dana LLP 265 Church Street, 17th Floor CITY: New Haven STATE: CT ZIP: 06510		<b>FILING FEE: \$20</b>  MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
<b>1. NAME OF CORPORATION:</b>  Northeast Medical Group, Inc.		
<b>2. THE CERTIFICATE OF INCORPORATION IS (check A, B or C):</b>  <input type="checkbox"/> A. AMENDED <input type="checkbox"/> B. RESTATED <input checked="" type="checkbox"/> C. AMENDED AND RESTATED  THE RESTATED CERTIFICATE CONSOLIDATES ALL AMENDMENTS INTO A SINGLE DOCUMENT		
<b>3. TEXT OF EACH AMENDMENT / RESTATEMENT:</b>  The Certificate of Incorporation is amended and restated in its entirety to read as set forth on Exhibit A, such amendment and restatement to be effective as of 12:01 a.m. on May <u>16</u> , 2014.		

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 SECRETARY OF THE STATE  
 CONNECTICUT SECRETARY OF THE STATE

**4. VOTE INFORMATION (CHECK A, B or C)**

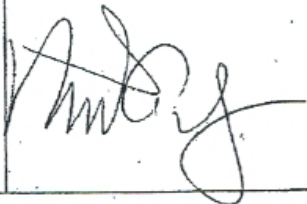
A. THE AMENDMENT WAS DULY APPROVED BY THE MEMBERS IN THE MANNER REQUIRED BY SECTIONS 33-1140 TO 33-1147 OF THE CONNECTICUT GENERAL STATUTES, AND BY THE CERTIFICATE OF INCORPORATION.

B. THE AMENDMENT WAS DULY APPROVED BY THE INCORPORATORS AND MEMBER APPROVAL WAS NOT REQUIRED.

C. THE AMENDMENT WAS DULY APPROVED BY THE BOARD OF DIRECTORS AND MEMBER APPROVAL WAS NOT REQUIRED.

**5. EXECUTION:**

DATED THIS 2nd DAY OF May, 20 14

NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE
Robert A. Nordgren, M.D.	Chief Executive Officer	

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 SECRETARY OF THE STATE  
 CONNECTICUT SECRETARY OF THE STATE

**EXHIBIT A**

**AMENDED AND RESTATED  
 CERTIFICATE OF INCORPORATION**

**NORTHEAST MEDICAL GROUP, INC.**

§1. **Name.** The name of the Corporation shall hereafter be: **NORTHEAST MEDICAL GROUP, INC.** (the "Corporation").

§2. **Purposes.** The nature of the activities to be conducted and the purposes to be promoted or carried out by the Corporation shall be exclusively charitable, scientific and educational within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), and shall include the following:

(a) to operate and maintain one or more offices or facilities for the study, diagnosis and treatment of human ailments and injuries by licensed persons;

(b) to render medical and surgical treatment, consultation or advice by employees or agents of the Corporation who are physicians licensed under Chapter 370 of the Connecticut General Statutes, chiropractors licensed under Chapter 372 of the Connecticut General Statutes or podiatrists licensed under Chapter 375 of the Connecticut General Statutes, to patients without regard to race, color, creed, sex, age or ability to pay for such care and services;

(c) to promote, enhance, improve, and develop medical, surgical and scientific research at providers affiliated with Yale-New Haven Health Services Corporation, including, for so long as such providers are affiliated with Yale-New Haven Health Services Corporation, Bridgeport Hospital, Greenwich Hospital, Yale-New Haven Hospital and such other providers that may affiliate with Yale-New Haven Health Services Corporation in the future (the "Affiliated Delivery Networks") and throughout the communities they serve;

(d) to promote, enhance, improve and augment the quality of medical and clinical education and patient care at Affiliated Delivery Networks and at any other sites determined by the Corporation;

(e) to promote and enhance a high quality of medical care and other human services for the benefit of all persons in the communities it serves;

(f) to augment the planning process for the promotion of the general well-being and human health needs of the communities it serves;

(g) to solicit, accept, hold, invest, reinvest, and administer any contributions, grants, donations, gifts, bequests, devises, benefits of trusts (but not to act as trustee of any trust), and property of any sort, without limitation as to amount or value, and to use, disperse or donate the income or principal thereof for exclusively charitable and educational purposes in such



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manner as, in the judgment of the Board of Trustees and the member of the Corporation, will best promote the purposes of the Corporation;

(h) to contract for, purchase, receive, own, manage, operate or lease property, real, personal and mixed, wheresoever situated, as may be necessary to promote and further the purposes and objectives of the Corporation; and

(i) to engage in any lawful act or activity for which a medical foundation may be organized under Chapter 594b of the General Statutes of Connecticut or for which a nonstock corporation may be organized under Chapter 602 of the General Statutes of Connecticut.

The member of the Corporation has elected to bring the Corporation within the provisions of Chapter 594b of the General Statutes of Connecticut.

In furtherance of the purposes set forth herein, the Corporation shall (i) participate as an integral part of the integrated health care delivery system known as the Yale New Haven Health System (the "System"), which System provides, through the corporation and its affiliates, comprehensive, cost effective, advanced patient care characterized by safety and clinical and service quality; and (ii) fund and promote activities and programs of the System, including activities and programs of its affiliates, consistent with and in furtherance of the corporation's charitable purposes and the charitable purposes of all System affiliates.

§3. Nonprofit. The Corporation is nonprofit and shall not have or issue shares of stock or make distributions.

§4. Member. The Corporation shall have but one voting member. The member shall be Yale-New Haven Health Services Corporation, a "Health System" as defined in Section 33-182aa of the Connecticut General Statutes. The member shall have the rights, powers and privileges provided in the Corporation's Bylaws and by Connecticut law, including certain expressly reserved powers and retained rights described in the Bylaws.

§5. Duration. The duration of the Corporation shall be perpetual.

§6. Board of Trustees. Subject to the rights, powers and privileges of the member, the Corporation shall operate under the management of its Board of Trustees. The Bylaws may provide that certain persons occupying certain positions within or without the Corporation shall be ex-officio trustees, who may be counted in determining a quorum and may have the right to vote as may be provided in the Bylaws. As may be further provided in the Bylaws, the terms of elected trustees may be staggered by dividing the elected trustees into up to three groups so that approximately an equal number of such trustees have terms that expire each year. Trustees may be removed by the member for cause as set forth in the Bylaws.

§7. Restrictions. No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, the Corporation's trustees, officers or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set

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forth in Section 2 hereof. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of "statements") any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this Certificate of Incorporation, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Code, or (b) by a corporation, contributions to which are deductible under Section 170(e)(2) of the Code.

§8. Dissolution. Upon the dissolution or termination of the existence of the Corporation, all of its property and assets, after payment of the lawful debts of the Corporation and the expenses of its dissolution or termination, shall be delivered, conveyed and paid over (subject to any restrictions imposed by any applicable will, deed, grant, conveyance, agreement, memorandum, writing or other governing document) to Yale-New Haven Health Services Corporation, or, if at the time of the dissolution or termination of the existence of the Corporation, Yale-New Haven Health Services Corporation is not in existence or does not qualify as exempt under Section 501(c)(3) of the Code, to any organization (or organizations) that qualifies as an organization exempt under Section 501(c)(3) of the Code, in such proportions and for such exclusively charitable, scientific or educational purposes as the Board of ~~Directors~~ Trustees may determine.

§9. Limitation of Liability of Trustees. In addition to and not in derogation of any other rights conferred by law, a Trustee shall not be personally liable for monetary damages for breach of duty as a Trustee in an amount greater than the amount of compensation received by the Trustee for serving the Corporation during the year of the violation, provided that such breach did not (a) involve a knowing and culpable violation of law by the Trustee, (b) enable the Trustee or an associate, as defined in Section 33-840 of the Connecticut General Statutes, to receive an improper personal economic gain, (c) show a lack of good faith and a conscious disregard for the duty of the Trustee to the Corporation under circumstances in which the Trustee was aware that his/her conduct or omission created an unjustifiable risk of serious injury to the Corporation, or (d) constitute a sustained and unexcused pattern of inattention that amounted to an abdication of the Trustee's duty to the Corporation. Any lawful repeal or modification of this Section 9 or the adoption of any provision inconsistent herewith by the Board of Trustees or member of the Corporation shall not, with respect to a person who is or was a Trustee, adversely affect any limitation of liability, right or protection of such person existing at or prior to the effective date of such repeal, modification or adoption of a provision inconsistent herewith. The limitation of liability of any person who is or was a Trustee provided for in this Section 9 shall not be exclusive of any other limitation or elimination of liability contained in, or which may be provided to any person under, Connecticut law.

§10. Indemnification. The Corporation shall provide its Trustees with the full amount of indemnification that the Corporation is permitted to provide pursuant to the Connecticut Revised Nonstock Corporation Act. In furtherance of the foregoing, the Corporation shall indemnify its Trustees against liability as defined in Section 33-1116(4) of the Connecticut General Statutes to any person for any action taken, or any failure to take any action, as a Trustee, except liability that (1) involved a knowing and culpable violation of law by the Trustee, (2)

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enabled the Trustee or an associate to receive an improper personal economic gain, (3) showed a lack of good faith and a conscious disregard for the duty of the Trustee to the Corporation under circumstances in which the Trustee was aware that his or her conduct or omission created an unjustifiable risk of serious injury to the Corporation, or (4) constituted a sustained and unexcused pattern of inattention that amounted to an abdication of the Trustee's duty to the Corporation.

The Corporation may indemnify and advance expenses to each officer, employee or agent of the Corporation who is not a Trustee, or who is a Trustee but is made a party to a proceeding in his or her capacity solely as an officer, employee or agent, to the same extent as the Corporation is permitted to provide the same to a Trustee; and may indemnify and advance expenses to such persons to the extent permitted by Section 33-1122 of the Connecticut General Statutes.

Notwithstanding any provision hereof to the contrary, the Corporation shall not indemnify any Trustee, officer, employee or agent against any penalty excise taxes assessed against such person under Section 4958 of the Internal Revenue Code.

§11. Amendment of Bylaws. The Bylaws of the Corporation may be amended or repealed, and new Bylaws may be adopted, only with the approval of the Board of Trustees and the member.

STATE OF CONNECTICUT  
OFFICE OF THE SECRETARY OF THE STATE  
I hereby certify that this is a true copy of records  
in this Office.  
In Testimony whereof, I have hereunto set my hand  
and affixed the Seal of said State, at Hartford,  
this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 2014

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SECRETARY OF THE STATE

NORTHEAST MEDICAL GROUP, INC.  
AMENDED AND RESTATED BYLAWS

Amended and Restated as of \_\_\_\_\_, 201\_\_

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NORTHEAST MEDICAL GROUP, INC.  
AMENDED AND RESTATED BYLAWS

ARTICLE I. NAME AND GENERAL PURPOSES

**Section 1.1 Name.** The name of the corporation is Northeast Medical Group, Inc. (the "Corporation").

**Section 1.2 General Purposes.** The purposes of the Corporation shall be as set forth in the Corporation's Certificate of Incorporation as in effect from time to time. These Bylaws, the powers of the Corporation, its member, trustees and officers, and all matters concerning the conduct and regulation of the affairs of the Corporation shall be subject to the Certificate of Incorporation.

ARTICLE II. MEMBERSHIP

**Section 2.1 Member.** The Corporation shall have a single member, Yale-New Haven Health Services Corporation (the "Member"), a "Health System" as defined in Section 33-182aa of the Connecticut General Statutes.

**Section 2.2 Rights, Powers and Privileges.** The Member shall have all the rights, powers and privileges usually or by law accorded to the member of a medical foundation under the Chapter 594b of the Connecticut General Statutes (as it may be amended from time to time, the "Foundation Act") and of a Connecticut nonstock, nonprofit corporation under the Connecticut Revised Nonstock Corporation Act (as it may be amended from time to time, the "Nonstock Act") and not conferred thereby or by the Certificate of Incorporation or these Bylaws upon the Board of Trustees of the Corporation (the "Board"), including the right to elect the members of the Board in accordance with these Bylaws.

Notwithstanding anything in these Bylaws to the contrary:

(a) Neither the Board, nor any officer or employee of the Corporation, may take any of the actions set forth in Exhibit A of these Bylaws, nor may the Board or any officer or employee of the Corporation approve the taking of any such action by an Affiliate (as hereafter defined), without the prior approval of the Member. For purposes hereof, an "Affiliate" of the Corporation shall mean, unless otherwise determined by the Member, any entity which at the time Affiliate status is being determined is directly or indirectly controlling or controlled by or under the direct or indirect common control with the Corporation. "Control" shall mean the legal power to (a) elect or cause the election of a majority of the governing body of the subject entity, or (b) direct or cause the direction of the subject entity's operations or management, whether the foregoing power(s)

exist(s) through voting securities, other voting rights, reserved powers, contract rights, or other legally enforceable means.

(b) In addition to the approval rights reserved to the Member set forth in Exhibit A, the Member expressly retains the rights to take the actions set forth in Exhibit B on behalf of and in the name of the Corporation, directly and without the approval of the Board of this Corporation.

(c) The Board shall have the authority, from time to time, to delegate to the Member any rights, powers and privileges that would otherwise be exercised by the Board to the fullest extent permitted by applicable law.

**Section 2.3** Liability and Reimbursement of Expenses. Unless the Member expressly agrees otherwise in writing, the Member shall not be liable for the debts or obligations of the Corporation. The Member may be reimbursed for expenses reasonably incurred on behalf of the Corporation.

### ARTICLE III. BOARD OF TRUSTEES

**Section 3.1** Powers and Duties. Subject to the powers retained by, conferred upon, or reserved to the Member by law or under these Bylaws, the Board shall have charge, control and management of the affairs, property and funds of the Corporation in the manner and subject to the limitations set forth in these Bylaws. Each Trustee shall discharge his or her duties in good faith with the care an ordinarily prudent person in like position would exercise under similar circumstances, and in a manner he or she reasonably believes to be in the best interests of the Corporation.

**Section 3.2** Composition. The Board shall consist of two classes of voting Trustees, the Elected Trustees and the Ex Officio Trustees (collectively, the “Trustees”).

(a) Elected Trustees. Elected Trustees shall be the persons elected by the Member for terms as set forth in these Bylaws, following nomination and approval pursuant to Section 3.4 of this Article III. Elected Trustees will represent a cross section of major segments of the community served by the Corporation and shall be selected, on the basis of demonstrated skill and ability, for their potential contribution to the governance of the affairs of the Corporation.

(b) Ex Officio Trustees. In addition to the Elected Trustees, there shall be the following Ex Officio Trustees, each of whom shall serve automatically by virtue of and while holding the designated office:

- (i) the President of the Corporation; and
- (ii) the President of each Affiliated Delivery Network, or his or her



designee.

For purposes hereof, “Affiliated Delivery Network” shall mean Bridgeport Hospital, Greenwich Hospital, Lawrence + Memorial Corporation, Yale-New Haven Hospital and such other providers that may affiliate with the Yale New Haven System in the future, as designated by the Member.

**Section 3.3 Number.** The Board shall consist of no fewer than thirteen (13) nor more than twenty-four (24) Trustees, inclusive of Ex Officio Trustees. The number of Trustees within the range set forth in the preceding sentence shall be determined from time to time by the Member.

**Section 3.4 Election of Trustees.** At the annual meeting of the Member, the Member shall elect successors to the Elected Trustees whose terms are then expiring. The Member shall elect such successors consistent with the following Board composition:

(a) two (2) representatives of senior management of the Member (each, a “YNHHSC Board Member”);

(b) one (1) representative from each Affiliated Delivery Network other than Lawrence + Memorial Corporation (in addition to the President, or his or her designee, who shall serve Ex Officio as set forth in Section 3.2(b));

(c) two (2) physicians employed by LMMG, each of whom is a member in good standing on the medical staff of Lawrence + Memorial Hospital or Westerly Hospital;

(d) up to eight (8) individuals, each of whom is either (1) nominated by a majority vote of the Board and approved by the Member; or (2) self-nominated and appointed by the Member; provided, however, that each such individual, whether nominated by a majority vote of the Board or self-nominated, shall be a Provider (as defined in the Foundation Act) employed or engaged by the Corporation and a member in good standing on the medical staff of one or more Affiliated Delivery Network;

(e) two (2) representatives of Yale School of Medicine;

(f) such other individuals nominated Yale School of Medicine and approved by the Member; provided, however, that each such other individual shall be a Provider employed or engaged by the Corporation and a member in good standing on the medical staff of one or more Affiliated Deliver Network.

Notwithstanding anything herein to the contrary: (x) in accordance with the Foundation Act, the number of Trustees on the Board who are Providers shall equal or exceed the number of Trustees on the Board who are nonprovider employees of the Member; and (y) the number of Trustees appointed to the Board as representatives of, or on the nomination of, Yale School of

Medicine shall constitute twenty-five percent (25%) of the total number of Trustees on the Board.

**Section 3.5 Term and Term Limits.** There shall be three (3) classes of Elected Trustees, with approximately one-third of the Elected Trustees in each class, and the terms of all Trustees in the same class shall expire at the adjournment of the same annual meeting of the Member at which Trustees are elected. Elected Trustees shall take office at the close of the meeting of the Member at which they were elected or at such later date as may be established by the Member and, subject to Section 3.6 of this Article III, shall hold office for a term of three (3) years and until a successor is duly elected and qualified.

Notwithstanding anything herein to the contrary:

(a) No person shall be elected a Trustee for a term beginning after the date of his or her seventy-sixth birthday, provided that an Elected Trustee who is seventy-six (76) years of age or older may be re-elected for another term if (i) the Trustee is also elected as an officer of the Corporation or appointed chair of a standing committee at the beginning of such term; or (ii) the Member determines that additional service is appropriate due to the Trustee's unique expertise and commitment to the Board. In the instance of re-election as a Trustee for an additional term as provided in clause (i) of the foregoing sentence, Board membership shall be coterminous with said Trustee's service as an officer or committee chair.

(b) An Elected Trustee who has served three (3) consecutive full terms (provided that for the purposes of this Section 3.5 a term of service of more than one-half of a full term shall be considered a full term) shall not be eligible for re-election for a period of one year, provided that a Trustee may be re-elected for an additional consecutive term if (i) the Trustee is also elected as an officer of the Corporation or appointed chair of a standing committee at the beginning of such additional term; or (ii) the Member determines that additional service is appropriate due to the Trustee's unique expertise and commitment to the Board, which such determination shall be made only in limited circumstances and shall be made prior to each proposed re-election after the Trustee's completion of three (3) consecutive full terms. In the instance of re-election as a Trustee for an additional term as provided in clause (i) of the foregoing sentence, Board membership shall be coterminous with said Trustee's service as an officer or committee chair.

(c) The provisions of paragraphs (a) and (b) of this Section shall not apply to an Elected Trustee in the event such Trustee also serves as a trustee of Yale-New Haven Health Services Corporation at the time such person is elected to serve as an Elected Trustee for a term otherwise prohibited by such paragraphs (a) and (b). In the instance of re-election as a Trustee for an additional term as provided in this paragraph (c), Board membership shall be coterminous with said Trustee's service as a trustee of Yale-New Haven Health Services Corporation.

**Section 3.6 Resignation.** Any Elected Trustee may resign at any time by giving written notice of such resignation to the Secretary of this Corporation. Such resignation shall be effective

at the time specified in the notice, or if no time is specified, upon receipt by the Secretary. The acceptance of such resignation shall not be necessary to make it effective. Any Ex Officio Trustee who for any reason ceases to hold the office or position from which his or status as an Ex Officio Trustee derives shall automatically be deemed to have resigned as a Trustee of the Corporation and from any position held by virtue of such office with any Affiliate.

**Section 3.7 Removal.** One or more Elected Trustees may be removed from the Board with cause by action of the Member, which action may be taken upon its own initiative or upon the recommendation of the Board.

**Section 3.8 Vacancies.** In the event of the death, resignation or removal of an Elected Trustee, the vacancy resulting therefrom may be filled only by the Member in accordance with Section 3.4 of these Bylaws. An individual elected to fill a vacancy shall serve the remainder of the term of the Trustee replaced.

**Section 3.9 Meetings.**

(a) **Annual Meetings.** The annual meeting of the Board shall be held on such date and time as the Board or the President shall designate.

(b) **Regular Meetings.** Regular meetings of the Board shall be held on such dates and at such times and places as the Board or President shall designate.

(c) **Special Meetings.** Special meetings of the Board may be called at any time by the President and shall be called by the President upon the written request of the Member or any Trustee.

**Section 3.10 Notice of Meetings.** Notice of the date, time and place of any meeting of the Board shall be given to each Trustee and to the Member at least five (5) days in advance of the meeting, except that no notice need be given of a regular meeting held in accordance with a schedule established at the beginning of the fiscal year and provided to the Board and the Member in writing. Any notice of a meeting required under these Bylaws may be communicated to a Trustee in person, by mail or other delivery service, or by telephone, facsimile or other electronic means, including electronic mail directed to an electronic email address at which a Trustee has consented to receive notice. Notice to the Member shall be directed to the President/Chief Executive Officer of the Member and may be provided in person, by mail, or by telephone, facsimile or other electronic means, including electronic mail directed to an electronic mail address at which the President/Chief Executive Officer of the Member has consented to receive notice.

**Section 3.11 Waiver of Notice.** Notice of any meeting of the Board may be waived in writing by all the Trustees and, if any Trustee present at a meeting of the Board does not protest prior to or at the commencement of the meeting the lack of proper notice, he or she shall be deemed to have waived notice of such meeting.

**Section 3.12 Action by Unanimous Written Consent.** Any action required or permitted to be taken by the Board may be taken without a meeting if all the Trustees unanimously consent to such action in writing. Such written consent(s) shall be filed with the minutes of the Corporation and shall have the same force and effect as a vote of Trustees at a duly convened meeting. For purposes of this section, a Trustee may evidence his or her consent with any manual, facsimile, conformed or electronic signature, including an email communication from the Trustee to the Corporation from an email address provided by the Trustee to the Corporation.

**Section 3.13 Participation by Conference Call.** The members of the Board may participate in a meeting of the Board by means of conference telephone or similar communications equipment (including, without limitation, video conferencing equipment) affording all persons participating in the meeting the ability to hear one another, and such participation in the meeting by means of such equipment shall constitute presence in person at such meeting.

**Section 3.14 Quorum and Voting.** A majority of the number of Trustees in office at the time shall constitute a quorum for the transaction of business at all meetings of the Board, provided that if less than a majority of the Trustees is present at said meeting, a majority of the Trustees present may adjourn the meeting from time to time without further notice. The act of a majority of the Trustees present at a meeting at which a quorum is present at the time of the act shall be the act of the Board, unless the act of a greater number is required by these Bylaws, by the Certificate of Incorporation or by law. Notwithstanding the foregoing, in the event that any Trustee has a conflict of interest with respect to any transaction to be undertaken by the Corporation, such transaction shall require the approval of the Board or the Member consistent with Article VII.

#### ARTICLE IV. OFFICERS

**Section 4.1 Officers.** The officers of the Corporation shall consist of a Chair, a President, a Secretary, a Treasurer and such other officers, including Vice Chairs, as may be appointed from time to time consistent with Section 4.6. The Chair and any Vice Chair shall be members of the Board.

**Section 4.2 Election and Term of Office.** The President shall be appointed in accordance with Section 4.3(a) of this Article IV. The Chair, any Vice Chairs, the Secretary and the Treasurer shall be nominated by the Nominating and Governance Committee and elected annually by the Board for a term of one year and until their successors are duly elected and qualified. The Board may create and fill such other offices as it deems necessary consistent with Section 4.6.

**Section 4.3 Powers.** The officers shall have the powers and perform the duties commonly incident to their respective offices, including the powers and duties listed below.

(a) **President**. The President of the Corporation shall be appointed by the Member, following consultation with the Board. The appointed President shall serve at the pleasure of the Member.

The President shall be a person who in the judgment of the Member has the combination of education, experience, professional standards and demonstrated leadership ability to fulfill successfully the responsibilities of the position and to command the confidence and respect of the Board, employees and the community.

The President shall be delegated the responsibility for overall management of the Corporation and shall have all authority necessary to carry out this responsibility, subject only to such policies as may be adopted by the Board. The President shall act as the duly authorized representative of the Board in all matters in which the Board has not formally delegated some other person to so act. The duties, responsibilities and authority of the President shall be defined in a written statement adopted by the Member in consultation with the Board.

The President shall be a voting member of all standing committees except as otherwise specified in these Bylaws.

(b) **Chair**. The Chair of the Board shall preside at meetings of the Board. The Chair shall perform such other duties as the Board may from time to time prescribe.

(c) **Vice Chair**. The Board may designate one or more Vice Chairs, who shall exercise the powers and duties of the Chair during absence or disability. The Vice Chair(s), if any, shall perform such other duties as the Board or the Chair may from time to time prescribe.

(d) **Secretary**. The Secretary shall have the custody of the records of the Corporation pertaining to the Secretary's office, shall keep minutes of the meetings of the Board, and shall cause notice of such meetings to be given as required by law or these Bylaws. The Secretary shall perform such other duties as the Board or the Chair may from time to time prescribe.

(e) **Treasurer**. The Treasurer of the Corporation shall be responsible for the safekeeping of all funds and securities of the Corporation, shall see that proper records showing all financial transactions of the Corporation are maintained, and shall present financial reports to the Board.

#### **Section 4.4 Resignation and Removal**

(a) An officer of the Corporation may resign at any time by giving written notice of such resignation to the Secretary. Such resignation shall be effective at the time specified in the notice, or if no time is specified, upon receipt by the Secretary. The acceptance of such resignation shall not be necessary to make it effective.

(b) The Board may remove from office any officer with or without cause; provided, however, that the President may be removed from office by the Member following consultation with the Board. Removal of an officer shall be without prejudice to the officer's contract rights, if any.

**Section 4.5 Vacancies.** In the case of the death, resignation or removal of any officer, except the President, the vacancy may be filled by the Board for the unexpired term. A vacancy in the office of President shall be filled in accordance with Section 4.3(a).

**Section 4.6 Other Officers.** The Corporation may have such other officer or officers, including assistant officers, as the Board may from time to time determine. Any such officer or assistant officer shall be appointed or elected in the manner and for the term determined by the Board, and the officer shall have the duties assigned by the Board.

## ARTICLE V. COMMITTEES

**Section 5.1 Classification.** There shall be such standing committees as may be provided for, from time to time, in this Article V and such other committees as shall be established by Board resolution from time to time. Standing committees shall have the powers and duties set forth in this Article V and in a charter approved by the Board. Other committees shall have the powers and duties set forth in the resolution establishing them and in a charter approved by the Board. Each committee shall periodically review its charter and revise it as necessary; provided, however, that no amendment shall become effective until approved by the Board.

**Section 5.2 Appointment of Committee Members.** Except as otherwise provided in these Bylaws, members and chairs of all standing committees shall be appointed by the Board on nomination of the Nominating and Governance Committee. All such committee members and chairs shall serve at the pleasure of the Board until the next annual meeting of the Board and until their successors shall be chosen. All committees shall have the power to choose their own secretaries. Unless otherwise provided, individuals who are not Trustees may be appointed to committees and each such person so appointed shall have a vote and be included for purposes of determining a quorum; provided, however, that if a committee is authorized to act on behalf of the Board, any such action must be approved by a majority of the committee members who are Trustees.

### **Section 5.3 Committee Governance.**

(a) **Quorum and Voting.** A majority of the committee members shall constitute a quorum at committee meetings except as otherwise provided in these Bylaws. The act of a majority of the committee members present at a meeting at which a quorum is present at the time of the act shall be the act of such committee, unless the act of a greater number is required by these Bylaws, by resolution of the Board or by law.

(b) Meetings. Except as otherwise provided in these Bylaws or by resolution of the Board, each committee shall establish its own rules and procedures and shall fix the time and place of its meetings. Each committee shall keep minutes of its meetings which shall be made available to the Board upon request.

**Section 5.4 Standing Committees**

(a) Executive Committee. The Executive Committee shall consist of the Chair, who shall act as chair of the committee, the President, the Treasurer, and any other member of the Board that the Board may choose to appoint. The Executive Committee shall possess and may exercise in the intervals between meetings of the Board all such powers of the Board, except as may otherwise be provided by law, these Bylaws or resolution of the Board.

(b) Nominating and Governance Committee. The Nominating and Governance Committee shall consist of Trustees elected by the Board. The Nominating and Governance Committee shall, after consultation with the President and other Trustees, nominate candidates to be voted upon in electing officers and members of the Board and nominate for appointment by the Board the chairs and members of all standing committees. The Nominating and Governance Committee shall also review Board governance matters and recommend enhancements to strengthen the Board and ensure the comprehensiveness and efficiency of its governance process.

(c) Finance Committee. The Finance Committee shall have such duties as are established by the Member and set forth in the Finance Committee charter. These duties shall include, but not be limited to, approval of local operating and capital budgets and examination and monitoring of other operating and capital budgets involving the Corporation.

**Section 5.6 Other Committees**. The Board may establish and appoint from among the Trustees or others, such other committees with such powers and authority as the Board shall designate, except that no such committee may exercise the authority of the Board.

**Section 5.7 Powers of Committees**. No committee established by the Board shall have power to fill vacancies on the Board or on any of its committees, to amend the Certificate of Incorporation of the Corporation or these Bylaws, to approve a plan of merger, to approve a sale, lease, exchange or other disposition of all, or substantially all, of the property of the Corporation other than in the usual and regular course of affairs of the Corporation, to approve a proposal to dissolve, or to authorize any other action inconsistent with the Certificate of Incorporation or these Bylaws.

## ARTICLE VI. INDEMNIFICATION

The Corporation shall indemnify and defend the Corporation's Member, Trustees, officers and employees as set forth in the Certificate of Incorporation.

## ARTICLE VII. CONFLICTS OF INTEREST

The Trustees and officers of the Corporation shall comply with any Conflicts of Interest policy adopted by the Corporation, as any such policy may be amended from time to time, and with the provisions of the Nonstock Act related to disclosure and approval of "Director's conflicting interest transactions" (as such term is defined in the Nonstock Act). Consistent with the requirements of the Nonstock Act, any "Director's conflicting interest transaction" shall, when possible, be approved and authorized by either (i) the Member or (i) a majority of the disinterested Trustees voting on the transaction at a meeting at which a majority (but no fewer than two (2)) of all disinterested Trustees on the Board shall constitute a quorum, in each case following any required disclosure of the facts of the conflicting interest transaction.

## ARTICLE VIII. MISCELLANEOUS PROVISIONS

**Section 8.1 Fiscal Year.** The fiscal year of the Corporation shall begin on the first day of October and end on the last day of September in each year unless the Board of Trustees shall otherwise determine.

**Section 8.2 Execution of Deeds and Contracts.** Except as otherwise directed by the Board, all deeds and mortgages made by the Corporation and all other written contracts, agreements and undertakings to which the Corporation shall be a party shall be executed in its name by the President or such other officers or officers as may be specified by the Board or authorized by the President.

**Section 8.3 Execution of Negotiable Instruments.** All checks, drafts, notes, bonds, bills of exchange and orders for the payment of money shall be signed by the President or such officer or officers of the Corporation as the Board may specify from time to time.

## ARTICLE IX. AMENDMENTS

Subject to approval by the Member, these Bylaws may be amended, altered, or repealed at any meeting of the Board by a majority vote of the Trustees present and voting, a quorum being present. The general nature and purpose of such proposed amendment(s) shall be set forth in the notice of the meeting, and the actual language of the proposed amendments need not be included in the notice. No amendment, alteration or repeal shall take effect until it shall have been approved by the Member.



EXHIBIT A

## Actions Requiring Approval of the Member

Notwithstanding anything in these Bylaws to the contrary, neither the Board nor any officer or employee of the Corporation may take any of the following actions, or approve an Affiliate taking any of the following actions, without the prior approval of the Member:

- A. Merger, consolidation, reorganization or dissolution of this Corporation or any Affiliate and the creation or acquisition of an interest in any corporate entity, including joint ventures;
- B. Amendment or restatement of the Mission, Certificate of Incorporation or the Bylaws of this Corporation or any Affiliate, or any new or revised “doing business as” name;
- C. Adoption of operating and cash flow budgets of the Corporation or any Affiliate, including consolidated or combined budgets of this Corporation and all subsidiary organizations of the Corporation (pursuant to the authority delegated to this Corporation by the Member to adopt such budgets within parameters established by the Member);
- D. Adoption of capital budgets and capital allocations of this Corporation or any Affiliate (pursuant to the authority delegated to this Corporation by the Member to adopt such budgets within parameters established by the Member);
- E. Incurring aggregate operating or capital expenditures on an annual basis that exceed operating or capital budgets of the Corporation adopted by the Member by a specified dollar amount to be determined from time to time by the Member;
- F. Long-term or material agreements including, but not limited to, equity financings, capitalized leases, operating leases and installment contracts; and purchase, sale, lease, disposition, hypothecation, exchange, gift, pledge or encumbrance of any asset, real or personal, with a fair market value in excess of a dollar amount to be determined from time to time by the Member, which shall not be less than 10% of the total annual capital budget of this Corporation;
- G. Approval of any new relationships or agreements for undergraduate or graduate medical education programs or any material amendments to or terminations of existing agreements for undergraduate or graduate medical education programs;

- H. Contracting with an unrelated third party for all or substantially all of the management of the assets or operations of this Corporation or any Affiliate;
- I. Approval of major new programs and clinical services of this Corporation or any Affiliate or discontinuation or consolidation of any such program. The Member shall from time to time define the term “major” in this context;
- J. Approval of strategic plans of this Corporation or any Affiliate;
- K. Adoption of safety and quality assurance policies not in conformity with policies established by the Member; and
- L. Adoption of any polices relating to compensation of employed physicians or the taking of any other action to establish or adjust compensation of employed physicians. For purposes hereof, compensation shall include salary, fringe benefits and deferred compensation.

Other Major Activities

- A. In addition, the Member shall have the authority, except as otherwise provided by the Member and after consultation with this Corporation, to require the prior review and approval of those activities of this Corporation or any subsidiary or affiliate entity that the Member determines to be “major activities.”
- B. “Major activities” shall be those which the Member by a vote of not less than two-thirds (2/3) of its Board of Trustees has declared major, by written notice to this Corporation, delivered personally or transmitted by registered or certified mail return receipt requested. Such notice shall specifically identify the matter or matters requiring approval of the Member, and shall refer to this Bylaw provision granting such approval rights to the Member. Notices received pursuant to this section shall be recorded in the minutes of this Corporation and shall be filed with the minutes of this Corporation.

Nothing in these Bylaws shall be construed in a manner that is inconsistent with the authorities with respect to the Corporation that are reserved or retained by the Member pursuant to these Bylaws and the Bylaws of the Member.

EXHIBIT B

**Actions Direct Authority Retained by the Member**

Notwithstanding anything in these Bylaws to the contrary, the Member retains authority to take the following actions on behalf of and in the name of this Corporation, directly and without the approval of the Board of this Corporation:

- A. Adoption of targets for the annual operating and cash flow budgets of this Corporation and its Affiliates, including consolidated or combined budgets of this Corporation and all subsidiary organizations of the Corporation;
- B. Adoption of targets for the annual capital budgets and capital allocations of this Corporation and any Affiliate;
- C. Adoption of annual operating, cash flow and annual capital budgets for the Corporation and any Affiliate within the targets established by the Member in the event of any failure of the Corporation to do so;
- D. Issuance and incurrence of indebtedness on behalf of this Corporation;
- E. Management and control of the liquid assets of this Corporation, including the authority to cause such assets to be funded to the Member or as otherwise directed by the Member;
- F. Appointment of the independent auditor for this Corporation and each Affiliate and the management of the audit process and compliance process and procedures for this Corporation and each Affiliate; and
- G. Appointment of the President consistent with Section 4.3(a).

## NEMG BOARD OF TRUSTEES

TRUSTEE	EMPLOYER
1. Herbert Archer, MD	Northeast Medical Group, Inc.
2. Thomas Balcezak	Yale New Haven Hospital, Inc.
3. Nicholas Bertini, MD	PriMed*
4. Jon Gaudio, MD	L+M Medical Group
5. Michael Ivy, MD	Bridgeport Hospital
6. William Jennings	Yale New Haven Health Services Corporation
7. Andrew Kenler, MD	Northeast Medical Group, Inc.
8. Alan Landau, MD	PriMed *
9. Chrisopher Lehrach, MD	Lawrence & Memorial Hospital
10. Franklin Loria, MD	Northeast Medical Group, Inc.
11. Richard Mangi, MD	CT Medical Group *
12. Robert McLean, MD	CT Medical Group *
13. Chris O'Connor	Yale New Haven Health Services Corporation
14. Mary O'Connor	Yale New Haven Hospital, Inc. / Yale University
15. Norman Roth	Yale New Haven Health Services Corporation
16. Mary Scheimann, MD	Northeast Medical Group, Inc.
17. Peter Schulam, MD	Yale University School of Medicine
18. Adam Schussheim, MD	Cardiac Specialists *
19. Paul Taheri, MD	Yale University School of Medicine
20. Vincent Tammaro	Yale New Haven Health Services Corporation
21. Hugh Taylor, MD	Yale New Haven Hospital, Inc. / Yale University School of Medicine
22. Prathibha Varkey, MBBS	Yale New Haven Health Services Corporation

\*Although the Physician/Trustees is employed by a separate group entity, the entity is under an exclusive arrangement to provide professional medical services on behalf of NEMG at NEMG-operated offices.

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....					
	<b>h Total.</b> Add lines 1a-1f .....					
<b>Program Service Revenue</b>	<b>2 a</b> NET PATIENT REVENUE .....	Business Code 621400	171,072,162.	171,072,162.		
	<b>b</b> CONTRACT REVENUE .....	621300	103,954,204.	103,954,204.		
	<b>c</b> REIMBURSEMENTS OF HEALTHCARE/RENT .....	621300	1,534,701.		1,534,701.	
	<b>d</b> CONSULTING FEES-TRAVEL MEDICINE .....	621300	38,806.		38,806.	
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....		276,599,873.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....					
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....				
		<b>c</b> Gain or (loss) .....				
	<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
		<b>b</b> Less: direct expenses .....	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events .....						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue		Business Code				
<b>11 a</b> .....						
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....			276,599,873.	275,026,366.	1,573,507.	0.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,035,084.		5,035,084.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	148,005,320.	135,766,239.	12,239,081.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,121,657.	1,930,888.	190,769.	
9 Other employee benefits	19,986,802.	18,334,256.	1,652,546.	
10 Payroll taxes	8,654,762.	7,952,234.	702,528.	
11 Fees for services (non-employees):				
a Management				
b Legal	43,918.	40,353.	3,565.	
c Accounting	4,604.	4,230.	374.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	108,096,929.	107,697,109.	399,820.	
12 Advertising and promotion	537,447.	493,821.	43,626.	
13 Office expenses	1,350,574.	1,255,576.	94,998.	
14 Information technology				
15 Royalties				
16 Occupancy	13,126,081.	12,368,527.	757,554.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	903,873.	830,503.	73,370.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,333,838.	1,236,849.	96,989.	
23 Insurance	6,864,218.	6,864,218.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>MEDICAL &amp; SURGICAL SUPP</b>	10,731,325.	10,731,325.		
b <b>MEDICAL EDUCATION</b>	793,869.	793,869.		
c <b>DUES, MEMBERSHIP AND SCR</b>	419,160.	419,160.		
d <b>BANK/CREDIT CARD SERVIC</b>	404,472.	371,640.	32,832.	
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	328,413,933.	307,090,797.	21,323,136.	0.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,973,457.	<b>1</b>	8,523,094.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	13,324,451.	<b>4</b>	16,401,245.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	2,913,294.	<b>9</b>	1,302,428.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 8,828,843.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,543,765.	<b>10c</b>	5,285,078.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	936,762.
	<b>14</b> Intangible assets .....	632,475.	<b>14</b>	374,475.
	<b>15</b> Other assets. See Part IV, line 11 .....	5,433,346.	<b>15</b>	14,699,953.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	28,521,365.	<b>16</b>	47,523,035.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	24,390,311.	<b>17</b>	31,348,782.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	<b>25</b>	12,043,199.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	24,390,311.	<b>26</b>	43,391,981.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	4,131,054.	<b>27</b>	4,131,054.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	4,131,054.	<b>33</b>	4,131,054.	
<b>34</b> Total liabilities and net assets/fund balances .....	28,521,365.	<b>34</b>	47,523,035.	

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

NORTHEAST MEDICAL GROUP INC

Employer identification number

06-1330992

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AS A MEMBER OF YALE NEW HAVEN HEALTH SYSTEM (YNHHS), NORTHEAST MEDICAL GROUP, (NEMG), EXPANDED ITS PHYSICIAN AND ADVANCED PRACTICE CLINICIAN NETWORK BY 10 PERCENT IN 2015, SUCCESSFULLY RECRUITING 18 ADDITIONAL PHYSICIANS AND 13 ADVANCED PRACTICE CLINICIANS. WITH MORE THAN 1,600 EMPLOYEES ACROSS 112 SITES, NEMG CONTINUED TO ASSESS AND ADDRESS THE HEALTHCARE NEEDS OF THE PEOPLE AND COMMUNITIES IT SERVES. NEMG PHYSICIANS CONDUCTED 814,201 PATIENT VISITS DURING THE YEAR. MANY PHYSICIANS AND ADVANCED PRACTICE CLINICIANS PARTICIPATED IN EARLY POPULATION HEALTH MANAGEMENT PLANNING THROUGH CLINICAL INTEGRATION ACTIVITIES DESIGNED TO IMPROVE THE QUALITY, EFFICIENCY AND COORDINATION OF HEALTHCARE SERVICES ACROSS INPATIENT, AMBULATORY AND POST-ACUTE SETTINGS.

NEMG WAS SELECTED AS ONE OF 89 NEW MEDICARE SHARED SAVINGS PROGRAM ACCOUNTABLE CARE ORGANIZATIONS (ACOS), PROVIDING HIGH-QUALITY, COORDINATED CARE TO MEDICARE BENEFICIARIES ACROSS THE UNITED STATES. IN 2015, TEN NEMG PRACTICES ACHIEVED LEVEL 3 PATIENT-CENTERED MEDICAL HOME (PCMH) RECOGNITION BY THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA), BRINGING THE NUMBER OF NEMG PRACTICES THAT ARE MEDICAL HOMES TO 22. LEVEL 3 IS THE HIGHEST LEVEL OFFERED BY NCQA. PCMHs HELP ORGANIZE PRIMARY CARE, EMPHASIZING CARE COORDINATION AND COMMUNICATION, TO PROVIDE BETTER ACCESS, COMMUNICATIONS AND CHRONIC DISEASE MANAGEMENT. THE CONNECTICUT OFFICE OF HEALTHCARE INNOVATION ALSO AWARDED NEMG A GRANT UNDER THE STATE INNOVATION MODEL ADVANCED MEDICAL HOME VANGUARD PILOT PROGRAM TO ASSIST WITH PCMH DEVELOPMENT.



**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....		X
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), Yes, and No. Includes entries for Form 1096 (293), Form W-2G (0), Form W-3 (1787), and various tax compliance questions.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 20		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 9		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	
<b>16b</b>		X	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **KEITH TANDLER - 203-688-9642**  
**789 HOWARD AVE, NEW HAVEN, CT 06519**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL IVY CHAIRMAN/TRUSTEE	1.00 39.00	X		X				0.	538,226.	54,513.
(2) AMIT RASTOGI (EFF. 4/15) INTERIM CEO/TRUSTEE	40.00 0.00	X		X				705,509.	0.	81,177.
(3) JAMES STATEN TREASURER/TRUSTEE	1.00 39.00	X		X				0.	1,426,952.	418,378.
(4) GAYLE CAPOZZALO (THRU 1/15) SECRETARY	1.00 39.00	X		X				0.	1,323,928.	37,933.
(5) CHRISTOPHER O'CONNOR (EFF. 1/15) SECRETARY/TRUSTEE	1.00 39.00	X		X				0.	1,197,843.	379,455.
(6) HERBERT ARCHER (EFF. 1/15) TRUSTEE	39.00 1.00	X						337,323.	0.	46,692.
(7) THOMAS BALCEZAK (EFF. 1/15) TRUSTEE	1.00 39.00	X						0.	740,094.	228,135.
(8) NICHOLAS BERTINI TRUSTEE	1.00 1.00	X						0.	0.	0.
(9) HENRY CABIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(10) FRANK CORVINO (THRU 12/14) TRUSTEE	1.00 39.00	X						0.	1,439,160.	61,252.
(11) JOSEPH CUTERI (THRU 1/15) TRUSTEE	40.00 0.00	X						321,790.	0.	21,362.
(12) RICHARD D'AQUILLA (THRU. 1/15) TRUSTEE	1.00 39.00	X						0.	1,840,124.	476,912.
(13) BRIAN DORAN (THRU 1/15) TRUSTEE	1.00 39.00	X						0.	596,437.	223,383.
(14) GRACE JENQ (EFF. 1/15) TRUSTEE	1.00 0.00	X						0.	0.	0.
(15) WILLIAM JENNINGS TRUSTEE	1.00 39.00	X						0.	1,228,835.	320,176.
(16) ANDREW KENLER TRUSTEE	40.00 0.00	X						617,002.	0.	39,743.
(17) ALAN LANDAU (EFF. 6/14) TRUSTEE	1.00 0.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) FRANKLIN LORIA TRUSTEE	39.00 1.00	X						305,017.	0.	33,654.
(19) RICHARD MANGI TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) ROBERT MCLEAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(21) NORMAN ROTH (EFF. 1/15) TRUSTEE	1.00 39.00	X						0.	3,641,486.	94,724.
(22) MARY SCHEIMANN (EFF. 1/15) TRUSTEE	40.00 0.00	X						176,677.	0.	30,643.
(23) ADAM SCHUSSHEIM (EFF. 1/15) TRUSTEE	1.00 0.00	X						0.	0.	0.
(24) PETER SCHULAM TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) PAUL TAHERI TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) PETER HERBERT (THRU 1/15) PRESIDENT/TRUSTEE	1.00 39.00	X		X				0.	1,466,414.	30,616.
<b>1b Sub-total</b>								2,463,318.	15,439,499.	2,578,748.
<b>c Total from continuation sheets to Part VII, Section A</b>								4,586,943.	537,556.	492,303.
<b>d Total (add lines 1b and 1c)</b>								7,050,261.	15,977,055.	3,071,051.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **486**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CARDIAC SPECIALISTS OF FFLD 1305 POST ROAD, FAIRFIELD, CT 06430	MEDICAL	18,416,934.
PRIMED LLC 24881 NETWORK PLACE, CHICAGO, IL 60673-1248	MEDICAL	14,413,255.
CONNECTICUT MEDICAL GROUP 9 WASHINGTON AVENUE, HAMDEN, CT 06518	MEDICAL	9,958,396.
HEMATOLOGY & ONCOLOGY ASSOC 77 LAFAYETTE PLACE, GREENWICH, CT 06830	MEDICAL	1,783,573.
GASTROENTEROLOGY ASSOCIATES NYMC-MUNGER PAV STE 206, VALHALLA, NY 10595	MEDICAL	1,604,920.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **27**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	276,599,873.
2	Total expenses (must equal Part IX, column (A), line 25)	2	328,413,933.
3	Revenue less expenses. Subtract line 2 from line 1	3	-51,814,060.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,131,054.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	51,814,060.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,131,054.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2014**

Open to Public Inspection

Name of the organization **NORTHEAST MEDICAL GROUP INC** Employer identification number **06-1330992**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	84,542,395.	111,348,466.	159,282,381.	199,349,372.	276,599,873.	831,122,487.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	84,542,395.	111,348,466.	159,282,381.	199,349,372.	276,599,873.	831,122,487.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....	44,980,982.	35,337,879.	45,812,160.	75,732,371.	119,254,622.	321,118,014.
<b>c</b> Add lines 7a and 7b .....	44,980,982.	35,337,879.	45,812,160.	75,732,371.	119,254,622.	321,118,014.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						510,004,473.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....	84,542,395.	111,348,466.	159,282,381.	199,349,372.	276,599,873.	831,122,487.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	672.					672.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	672.					672.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	84,543,067.	111,348,466.	159,282,381.	199,349,372.	276,599,873.	831,123,159.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	61.36 %
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	62.04 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	.00 %
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			





SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Name of the organization: NORTHEAST MEDICAL GROUP INC Employer identification number: 06-1330992

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple questions (1-9) about conservation easements, including checkboxes for various purposes, a table for held easements at the end of the tax year, and yes/no questions about monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with questions (1a, 1b, 2) about reporting collections of art and historical treasures, including amounts for revenue and assets.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,181,506.	1,000,743.	180,763.
d Equipment		7,592,513.	2,543,022.	5,049,491.
e Other		54,824.		54,824.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,285,078.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER ASSETS - EPIC	973,906.
(2) DUE FROM AFFILIATES	13,662,849.
(3) OTHER ASSETS	63,198.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	14,699,953.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	12,043,199.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	12,043,199.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	282,005,718.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	5,405,845.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	5,405,845.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	276,599,873.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	276,599,873.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	335,936,629.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	7,522,696.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	7,522,696.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	328,413,933.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	328,413,933.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

THE FINANCIAL STATEMENTS OF NORTHEAST MEDICAL GROUP INCLUDE THE FOOTNOTE AS FOLLOWS:

NEMG IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS EXEMPT FROM FEDERAL OR STATE INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE.

U.S. GAAP REQUIRES THE COMPANY TO EVALUATE TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE COMPANY'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY BASED UPON THE TECHNICAL MERITS OF THE POSITION. THE COMPANY RECOGNIZES THE EFFECT OF TAX POSITIONS ONLY IF THEY ARE MORE-LIKELY THAN-NOT OF BEING SUSTAINED. THIS EVALUATION HAD

**Part XIII** Supplemental Information (continued)

NO IMPACT ON THE OPERATIONS OF THE COMPANY AS OF AND FOR THE YEAR ENDED  
SEPTEMBER 30, 2015. HOWEVER, MANAGEMENT'S CONCLUSIONS WILL BE SUBJECT TO  
REVIEW AND MAY BE ADJUSTED AT A LATER DATE BASED ON FACTORS INCLUDING, BUT  
NOT LIMITED TO, ON-GOING ANALYSES OF TAX LAWS, REGULATIONS AND  
INTERPRETATIONS THEREOF.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INCOME REPORTED ON NEMG, PLLC RETURN 5,405,845.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES REPORTED ON NEMG, PLLC RETURN 7,522,696.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2014**

Open to Public Inspection

Name of the organization

**NORTHEAST MEDICAL GROUP INC**

Employer identification number

**06-1330992**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL IVY CHAIRMAN/TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	410,414.	99,204.	28,608.	15,600.	38,913.	592,739.	0.
(2) AMIT RASTOGI (EFF. 4/15) INTERIM CEO/TRUSTEE	(i)	278,231.	413,000.	14,278.	58,810.	22,367.	786,686.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JAMES STATEN TREASURER/TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	966,035.	358,590.	102,327.	398,673.	19,705.	1,845,330.	18,139.
(4) GAYLE CAPOZZALO (THRU 1/15) SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	796,496.	262,924.	264,508.	23,100.	14,833.	1,361,861.	76,266.
(5) CHRISTOPHER O'CONNOR (EFF. 1/15) SECRETARY/TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	828,921.	270,322.	98,600.	357,837.	21,618.	1,577,298.	20,966.
(6) HERBERT ARCHER (EFF. 1/15) TRUSTEE	(i)	288,362.	31,461.	17,500.	15,450.	31,242.	384,015.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) THOMAS BALCEZAK (EFF. 1/15) TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	524,714.	137,205.	78,175.	206,085.	22,050.	968,229.	119,800.
(8) FRANK CORVINO (THRU 12/14) TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	992,114.	331,706.	115,340.	27,911.	33,341.	1,500,412.	0.
(9) JOSEPH CUTERI (THRU 1/15) TRUSTEE	(i)	316,452.	0.	5,338.	11,550.	9,812.	343,152.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) RICHARD D'AQUILLA (THRU. 1/15) TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,242,034.	427,672.	170,418.	454,713.	22,199.	2,317,036.	128,199.
(11) BRIAN DORAN (THRU 1/15) TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	421,013.	111,825.	63,599.	201,397.	21,986.	819,820.	287,100.
(12) WILLIAM JENNINGS TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	851,671.	249,084.	128,080.	300,736.	19,440.	1,549,011.	89,545.
(13) ANDREW KENLER TRUSTEE	(i)	594,002.	0.	23,000.	19,972.	19,771.	656,745.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) FRANKLIN LORIA TRUSTEE	(i)	287,517.	0.	17,500.	13,956.	19,698.	338,671.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) NORMAN ROTH (EFF. 1/15) TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	518,566.	145,961.	2,976,959.	79,911.	14,813.	3,736,210.	1,013,056.
(16) MARY SCHEIMANN (EFF. 1/15) TRUSTEE	(i)	165,735.	0.	10,942.	10,739.	19,904.	207,320.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) PETER HERBERT (THRU 1/15) PRESIDENT/TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	968,454.	231,174.	266,786.	18,000.	12,616.	1,497,030.	140,293.
(18) ROBERT NORDGREN (THRU. 3/15) CEO	(i)	486,294.	116,280.	83,788.	172,482.	20,976.	879,820.	6,205.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) MICHAEL LOFTUS CFO	(i)	316,766.	76,423.	48,117.	59,887.	19,001.	520,194.	11,594.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) JENNIFER N. WILLCOX (EFF. 1/15) ASSISTANT SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	254,882.	29,871.	36,621.	17,667.	26,234.	365,275.	0.
(21) ATHANASSIOS PETROTOS PHYSICIAN	(i)	623,044.	138,231.	10,603.	12,598.	843.	785,319.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) PHILIP MCWHORTER PHYSICIAN	(i)	639,238.	118,569.	419.	7,253.	935.	766,414.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) NABIL ATWEH PHYSICIAN	(i)	622,879.	33,425.	23,000.	20,739.	66,139.	766,182.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) ARNOLD DOROSARIO PHYSICIAN	(i)	252,222.	350,000.	32,465.	7,026.	30,809.	672,522.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) ASHWATHA NARAYANA PHYSICIAN	(i)	592,180.	0.	23,000.	9,943.	19,771.	644,894.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) ROBERT TREFRY FORMER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	216,182.	0.	0.	216,182.	216,182.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 4B:**

THE INDIVIDUALS LISTED BELOW ARE PARTICIPANTS IN A SUPPLEMENTAL  
NONQUALIFIED RETIREMENT PLAN. THESE ACCRUALS ARE INCLUDED IN THE AMOUNTS  
REPORTED IN PART II, COLUMN C (DEFERRED COMPENSATION) AND REPRESENTS BOTH  
THE REPORTING ENTITY'S AND RELATED ENTITY'S COMBINED AMOUNTS CONSISTENT  
WITH THE COMPENSATION REPORTING PER IRS INSTRUCTIONS.

	SEVERANCE	NONQUALIFIED	EQUITY-BASED
WILLIAM M. JENNINGS	\$0	\$182,736	\$0
JAMES STATEN	\$0	\$241,123	\$0
RICHARD D'AQUILLA	\$0	\$286,713	\$0
ROBERT NORDGREN	\$0	\$109,495	\$0
BRIAN DORAN	\$0	\$114,425	\$0
CHRISTOPHER O'CONNOR	\$0	\$198,387	\$0
THOMAS BALCEZAK	\$0	\$119,985	\$0

INDIVIDUALS LISTED BELOW BECAME VESTED IN BENEFITS VALUED AT THE AMOUNTS  
RESPECTIVELY REPORTED DURING THE REPORTING YEAR. INCLUDED IN SECTION II,  
COLUMN B (III) ARE AMOUNTS VESTED DURING THE 2014 CALENDAR YEAR THAT WERE  
RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2014 CALENDAR  
YEAR FORM W-2S.

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

GAYLE CAPAZZALO \$ 171,683

PETER HERBERT \$ 186,155

NORMAN ROTH \$2,901,058

ONE FORMER TRUSTEE, ROBERT TREFRY, RECEIVED PAYMENT FROM THE NONQUALIFIED PLAN. THE AMOUNT IS INCLUDED IN SECTION II, COLUMN B (III). THE FOLLOWING PAYMENT WAS MADE DIRECTLY TO HIM FROM THE RABBI TRUST:

ROBERT TREFRY \$216,182

THE SUPPLEMENTAL RETIREMENT PLAN IS DESIGNED TO ENSURE THE PAYMENT OF A COMPETITIVE LEVEL OF RETIREMENT INCOME WHEN ADDED TO OTHER SOURCES OF RETIREMENT INCOME IN ORDER TO ATTRACT AND RETAIN KEY MANAGEMENT EMPLOYEES SERVING AS CORPORATE OFFICERS. THE PLAN PROVIDES SUPPLEMENTAL RETIREMENT INCOME THROUGH AN UNFUNDED, NONQUALIFIED DEFERRED COMPENSATION ARRANGEMENT UNDER SECTION 457(F) AND THROUGH A DEFERRED COMPENSATION PLAN UNDER SECTION 409A OF THE INTERNAL REVENUE CODE AND A MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES' PLAN UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA).

PART I, LINE 7:

THE SHORT TERM INCENTIVE PLAN IS A VARIABLE COMPENSATION PLAN WHICH

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PROVIDES ONE-TIME PAYMENTS TO ELIGIBLE MEMBERS OF MANAGEMENT IN RECOGNITION OF THE ACCOMPLISHMENT OF KEY ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE OBJECTIVES. PERFORMANCE LEVELS ARE ESTABLISHED AND REVIEWED ANNUALLY AT THRESHOLD, TARGET AND MAXIMUM LEVELS, ACCORDING TO PLANNED "STRETCH" GOALS AND OBJECTIVES. INCENTIVE AWARD OPPORTUNITIES ARE ESTABLISHED ACCORDING TO MARKET PRACTICES BASED ON EACH ELIGIBLE POSITION'S RESPONSIBILITIES, PERFORMANCE AND LEVEL OF AUTHORITY. PERFORMANCE RELATIVE TO STIP AWARD OPPORTUNITIES INCORPORATES A BROAD SPECTRUM OF PRE-DEFINED FINANCIAL AND NON-FINANCIAL METRICS THAT ARE ALIGNED WITH ORGANIZATIONAL MISSION AND VALUES.





**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2014**

Open to Public  
Inspection

Name of the organization

**NORTHEAST MEDICAL GROUP INC**

Employer identification number  
**06-1330992**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NORTHEAST MEDICAL GROUP ACO, LLC - 47-0970286, 99 HAWLEY LANE, FL 3, STRATFORD, CT 06614	HEALTHCARE ADMINISTRATION	CONNECTICUT	0.	5,000.	NORTHEAST MEDICAL GROUP INC.
NEMG GASTROENTEROLOGY, LLC - 47-3578382 99 HAWLEY LANE, FL 3 STRATFORD, CT 06614	HEALTHCARE	CONNECTICUT	1,034,447.	49,303,780.	NORTHEAST MEDICAL GROUP INC.

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GREENWICH HOSPITAL - 06-0646659 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE SERVICES	CONNECTICUT	501C3	LINE 3	GREENWICH HEALTH CARE SERVICES INC.	X	
GREENWICH HEALTH CARE SERVICES INC - 22-2593399, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11B, II	YALE NEW HAVEN HEALTH SERVICES CORP		X
THE GREENWICH HOSPITAL ENDOWMENT FUND INC - 06-1526642, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11B, II	GREENWICH HEALTH CARE SERVICES INC.	X	
SOUTHERN CONNECTICUT HEALTH SYSTEM PROPERTIES, INC. - 06-1297708, 267 GRANT STREET, BRIDGEPORT, CT 06610	TITLE HOLDING	CONNECTICUT	501C2		BRIDGEPORT HOSPITAL	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BRIDGEPORT HOSPITAL AUXILIARY INC - 06-6042500, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11A, I	BRIDGEPORT HOSPITAL	X	
BRIDGEPORT HOSPITAL FOUNDATION, INC - 22-2908698, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 7	BRIDGEPORT HOSPITAL	X	
NORTHEAST MEDICAL GROUP, PLLC - 35-2380180 99 HAWLEY LANE STRATFORD, CT 06614	HEALTHCARE SERVICES	CONNECTICUT	501C3	LINE 11A, I	NORTHEAST MEDICAL GROUP, INC	X	
YALE-NEW HAVEN HOSPITAL - 06-0646652 20 YORK STREET NEW HAVEN, CT 06504	HEALTHCARE SERVICES	CONNECTICUT	501C3	LINE 3	YALE NEW HAVEN HEALTH SERVICES CORP	X	
YALE-NEW HAVEN CARE CONTINUUM CORP - 45-5235566, 789 HOWARD AVE, NEW HAVEN, CT 06519	NURSING HOME SERVICES	CONNECTICUT	501C3	LINE 3	YALE-NEW HAVEN HOSPITAL	X	
CARITAS INSURANCE - TERMINATED 12/15/2014 - 03-0322238, 40 MAIN STREET, BURLINGTON, VT 05401	INSURANCE	VERMONT	501C3	LINE 11A, I	YALE NEW HAVEN HOSPITAL	X	
YALE NEW HAVEN HEALTH SERVICES CORP - 22-2529464, 789 HOWARD AVE, NEW HAVEN, CT 06519	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11A, I	N/A		X
PERRYRIDGE CORPORATION - 06-1207316 5 PERRYRIDGE ROAD GREENWICH, CT 06830	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11B, II	GREENWICH HEALTH CARE SERVICES INC.	X	
BRIDGEPORT HOSPITAL - 06-0646554 267 GRANT STREET BRIDGEPORT, CT 06610	HEALTHCARE SERVICES	CONNECTICUT	501C3	LINE 3	YALE NEW HAVEN HEALTH SERVICES CORP	X	
BRIDGEPORT HOSPITAL FRIENDS OF PEDIATRICS, INC. - 06-6048427, 120 COLUMBINE DRIVE, TRUMBULL, CT 06611	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11A, I	YALE-NEW HAVEN HOSPITAL	X	

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SHORELINE SURGERY CENTER LLC - 90-0110459, 60 TEMPLE STREET, NEW HAVEN, CT 06510	HEALTHCARE SERVICES	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SSC II LLC - 26-1709382 111 GOOSE LANE GUILFORD, CT 06437	HEALTHCARE SERVICES	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ORTHOPAEDIC & NEUROSURGERY CENTER - 27-3477197, 55 HOLLY HILL LANE, GREENWICH, CT 06830	HEALTHCARE SERVICES	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
TOTAL HEALTH CONNECTICUT, LLC - 47-4070024, 789 HOWARD AVENUE, NEW HAVEN, CT 06519	HEALTHCARE SERVICES	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
YNHHS-MSO INC - 06-1467717 789 HOWARD AVE NEW HAVEN, CT 06519	MANAGEMENT SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
YALE NEW HAVEN AMBULATORY SERVICES - 06-1398526, 40 TEMPLE STREET, NEW HAVEN, CT 06510	HEALTHCARE SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
MEDICAL CENTER REALTY INC - 06-1110858 50 YORK STREET NEW HAVEN, CT 06511	RENTAL SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
GREENWICH HEALTH SERVICES INC - TERMINATED 6/30/2015 - 06-1233643, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
GREENWICH FERTILITY & IVF PC - 30-0145464 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	



**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
YORK ENTERPRISES INC - 06-1110937 50 YORK STREET NEW HAVEN, CT 06511	TITLE HOLDING	CT	N/A	C CORP	N/A	N/A	N/A	X	
YNHH-PHYSICIANS CORP - 06-1202305 789 HOWARD AVE NEW HAVEN, CT 06519	ADMINISTRATIVE SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
MEDICAL CENTER PHARMACY INC - 06-1087673 50 YORK STREET NEW HAVEN, CT 06511	PHARMACY	CT	N/A	C CORP	N/A	N/A	N/A	X	
GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW YORK, PC - 06-1540101, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
LUKAN INDEMNITY COMPANY - TERMINATED 3/31/2015 - 98-1072793, 58 PAR-LA-VALLIS RD, HAMILTON, BERMUDA	INSURANCE	BERMUDA	N/A	C CORP	N/A	N/A	N/A	X	
GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, PC - 45-3833883, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE SERVICES	NJ	N/A	C CORP	N/A	N/A	N/A	X	
PRIMARYNET OF CONNECTICUT, INC. - 06-1463534 789 HOWARD AVE NEW HAVEN, CT 06519	HEALTHCARE SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
CENTURY MANAGEMENT SERVICES, INC. - 06-1303173, 23 MAIDEN LANE, NORTH HAVEN, CT 06473	RECEIVABLE MANAGEMENT SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
CENTURY FINANCIAL SERVICES, INC. - 06-1110797, 23 MAIDEN LANE, NORTH HAVEN, CT 06473	DEBT COLLECTION SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>		X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>		X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>		X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>		X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>		X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>		X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) YALE NEW HAVEN HEALTH SERVICES CORP	S	53,930,911.	CASH
(2) PERRYRIDGE CORPORATION	K	558,532.	COMPARABLE MARKET VALUE
(3) NORTHEAST MEDICAL GROUP PLLC	R	2,116,851.	CASH
(4) YALE-NEW HAVEN HOSPITAL	M	5,375,121.	TRANSACTION REVIEW
(5) YALE NEW HAVEN HEALTH SERVICES CORP	M	10,588,794.	COMPARABLE MARKET VALUE
(6)			



